Lettsomian Lectures

ON THE

DIAGNOSIS AND MANAGEMENT OF LUNG-DISEASES IN CHILDREN.

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LECTURE I.—(*Concluded from p.* 115.)

LET us examine, in the next place, as to the diagnosis of tubercle from lobular pneumonia. In the course of an ordinary bronchitis or whooping-cough, or at the end of an attack of measles (scarlatina and varicella giving less often, yet with some frequency, the same phenomena), the cough that has been present gradually gets worse, and changes its character to an incessant hacking, with an anxious expression of face, flushed cheek, flapping nares, restlessness, and evident difficulty of breathing. The skin is hotter, the pulse more frequent, and if the case be one of pertussis, the whooping disappears. On examining the lungs, we find the physical evidence of bronchitis, with some little dulness below one or both scapulæ, and, in more advanced stages, generally under the clavicles also. And so from day to day the child lives on, and if it get over the first fortnight or so of this complication, its disease passes into a chronic state of cough and emaciation, with irregular fever. Who does not know these symptoms, and fear to see them come on in the course of acute disease in a child?

Now suppose that we have watched the development of this condition out of some primary catarrhal state, or out of an acute febrile disease, what view are we to take of its nature? I purposely suppose that we are thus favourably circumstanced for forming an opinion, rather than I put the case of a child brought to us for the first time, suffering under wasting and fever, with an obscure history of primary disease. Yet, even with complete knowledge of the child's story, all that we can justifiably assert as to the question of phthisis is this, that in most of such cases there is no tubercle and only chronic lobular pneumonia, and that in any given case, where the family history or concurrent symptoms do not alter the probabilities, the chances are in favour of tubercle not being present. For anything that can be made out by the stethoscope, the thermometer, or the most careful clinical inquiry, it is absolutely impossible to say whether the lung signs are due to acute tuberculisation or to lobular pneumonia. Even post mortem, there are, as I propose to show in my next lecture, certain deposits in the lung about the character of which pathologists are not finally agreed. As practitioners, we must therefore be content to know that in either case we have to deal with a disease of great fatality, and that for purposes of treatment the separation of the two states is not of much consequence.

If I refer now briefly to the diagnosis of tubercle *in the bronchial glands*, it is that I may refer to certain evidences of general tubercle which occasionally assist us when we want evidence concerning the nature of a morbid process in the lung. These glands become the seat of deposit in about five-sixths of the cases of lung tubercle, and enlargement of them can commonly be made out in the average case of phthisis of moderate duration. In about one-sixth of the whole number of cases of tubercle in the chest, the deposit is in the bronchial glands alone. The local evidence of enlargement of these glands consists (1) of dulness at the first bone of the sternum, which in health is equally resonant with either infraclavicular region. Alteration of resonance may be detected here before any can be found in the interscapular region. (2) A sign which is, according to many observers, antecedent to any evidence that can be obtained by percussion, but about the exact value of which I cannot certainly speak. It consists in a strongly marked snoring or blowing sound during expiration in the neighbourhood of the bifurcation of the trachea, apparently produced by pressure of the enlarged glands on the air-tubes, and more commonly audible towards the right side of the chest, in correspondence with the fact that the glands about the right bronchus are usually those most enlarged. These local signs show, of course, only enlargement, not necessarily tubercular infiltration of the glands. When they are very large indeed, it is unlikely that there is any cause but tubercle to account for them; but when they are only moderately enlarged, the general conditions to which most importance appears to be due as indicating tubercle in them are—(1) tubercular enlargement of other glands, especially those of the neck; (2) a peculiar hairiness that is common in consumptive children on the forehead, about the ears and cheeks, and particularly down the spine; (3) the general symptoms of causeless anæmia and emaciation, without remarkable loss of appetite, without diarrhœa, without cough,—I am speaking, of course, of cases where the question concerns tubercle in the glands only;—further, increased temperature, especially towards evening, restless nights, accelerated pulse, while the skin becomes loose and flabby as the emaciation increases. Of course the history of tubercle in mother or father helps us here, as in the case of deposit within the lung.

I now pass to what I have to communicate on the subject of management of children's phthisis. In the uncertainty that exists in diagnosing the disease, especially from lobular pneumonia, it is presumptuous to express positive opinion respecting the curability of phthisis in children; and in any case where we believe tubercle may possibly be present, our prognosis will be very cautiously given. Of course it may be that the family history, the commencement and course of the disease, make us pretty sure of true tubercle, and our fear of the patient's death is in such cases most serious. But of children with the clinical history and general appearance of consumption, who have some physical signs in the chest that may be tubercle, but about which we cannot speak positively, it may be stated, as a practical fact, that a large proportion do get well.

Let us suppose that we have a child of this kind before us, and have confessed that it is probably consumptive,—what means lie within our power for falsifying the grave forebodings that it has been our duty to raise? The first and most important matter, in my judgment, is to remove the unhealthy state of stomach that is habitually present, and that interferes so immensely with nutrition. Constantly a change of diet is required: the mother, thinking the child weakly, has been plying the deranged stomach with various "nourishing things" beyond its powers, and it is lucky if these have not been exchanged for a quantity of unwholesome delicacies, when the child was found to be disgusted at the plainer food with which its stomach had been overloaded. Even in the case of older children, and certainly in all under three or four years, who are consumptive, I find great advantage in taking away all solid animal food for a while, and keeping the patients on broths and bread and milk for the staple of their diet. Lime-water added to milk makes it more easy of digestion; and it is advised that whey should be substituted for milk in those cases—certainly three-quarters of them due to mismanagement—where it appears that milk does not agree with the child. When, by restriction of food and medicinal means, the stomach has improved and appetite returns, it may be satisfied by the careful and gradual addition, first of farinaceous puddings, and then of a little meat to the dietary.

I believe it is by improving the dyspeptic state that belongs to the disease that alkalies and vegetable salines act with such remarkably good effect in early phthisis; although it is also suggested that they cause oxidation either of the matter of tubercle or of the morbid elements that exist before the deposit. However it operates, I have seen that simple mixture of citrate of potash, given steadily for some weeks, with no other medicine (or perhaps with a little ipecacuanha for cough), produces the most satisfactory results in cases which I could not doubt were genuine consumption of the lung. With this and the necessary care about diet, the skin has got cool and moist, the appetite has returned, the listlessness of the child has given place to cheerfulness, and restlessness to sleep; and this not as an exceptional instance, but in very numerous cases where the plan has been followed; not at a distance of time, but in the course of three or four weeks' treatment. Whereas I am daily noticing that, if cod-liver oil and tonics are given before the digestion has been attended to, the child's appetite still further fails, he gets feverish and worse, or else his stomach will declare against this plan by vomiting. An occasional dose of rhubarb and soda is not unfrequently needed, or, more rarely, of rhubarb and mercury.

Next as to the management of the local disease in the chest, where this is tolerably recent and acute. Soothing hot applications are generally of most benefit while there is much heat of skin, or evidence of acute bronchitis; and mustard added

to the common linseed poultice, in just enough quantity to get a rubefacient effect, is of service in such cases. But soon counter-irritants of a stronger sort are indicated; and the one which, beyond comparison, has proved most suitable in my hands has been croton-oil liniment. Blisters, however carefully applied, so constantly produce serious sores, and tartar-emetic ointment makes such troublesome pustules, that I have long given up the use of these agents. Croton oil, on the other hand, though I have used it to children under two years old, has never given me any undesirable results. Indeed, after the purulent eruption of it has appeared on the skin, it is difficult, in many cases, to keep up continued irritation by its further use; and if the skin be allowed to heal from the effects of croton oil, pustulation cannot generally be obtained again in the same spot—at any rate until after the lapse of some time. The same thing has been observed with a practice occasionally employed abroad of using nettles to produce counter-irritation. At any rate, if we use a croton-oil liniment of one drachm in an ounce of soap liniment, rub it in over a limited space twice a day till pustulation, and then once a day for a week, we shall risk no injury of the kind that other agents of the class are apt to produce; and we shall, with the greatest certainty of any such remedy, relieve irritation within the chest.

After the acuter symptoms that show themselves in a case of infantile phthisis are passed or have been relieved by the methods referred to, when the child has recovered some of its digestive power, then, and not before, tonics may be begun. First a little bark may be given, perhaps in addition to the alkalies already prescribed. Then comes the time when important good is derived from iron and cod oil; and along with these remedies may often be combined a change of climate, though I contend that we should allow no child to leave our charge in pursuit of health elsewhere as long as there is reasonable doubt about the nature of the disease, nor until we have succeeded in removing the acuter symptoms by such means as I have pointed out. The only exceptions to this rule seem to be when the life of the child at home is surrounded by actually unwholesome conditions, or when the impossibility of getting a child properly managed at home makes it worth while to risk something on the mere chance of its faring better elsewhere.

With a few words on the choice of a climate for phthisical children, I conclude what I have to-day to say on the subject of tubercle at early ages. Recent researches have added much, and are probably destined to add still further, to our knowledge in the matter of climate for phthisis. Amongst all the opinions that have been held of the respective advantages of "mild equable climate," "sheltered situation," "dry, bracing air," and the like, it seems probable that the central fact is, that the soil upon which people live may be seriously good or bad for phthisis. Large evidence is coming forward that populations living on flat retentive soils or on low-lying water-logged plains die of phthisis far more than others who live on elevated, pervious, and dry soils. It is questionable whether for any other influence comprehended under the term "climate," so strong a connexion with phthisis has been proved to exist as the connexion of the disease with qualities of soil. And if this be true as a matter of etiology, we need not hesitate to accept provisionally the belief that soil differences will influence the progress of actually-present consumption. But, indeed, we shall only be following the indications of long experience if we advise the choice of Hastings, Tunbridge Wells, or Margate, places elevated on a sandy or chalk soil, rather than of localities that lie low, whether on shore or inland. As regards special benefit to be obtained from sea air, I know well what strong opinions are expressed in its favour, and partly believe them; but the evidence has never been sufficiently sifted of the influence of sea apart from the other influences that make up climate in the places that are favourite resorts for phthisical people.

THE NURSING OF CHILDREN WITH THE MILK OF ANIMALS IN FRANCE.—Dr. Dereins has sent us a pamphlet in which he shows that the custom of French mothers to send their children into the country to hired nurses is most destructive of life. He proposes to erect in a healthy country district, near Paris, an "oasis for infants," where the latter shall be carefully attended to, and fed by the milk of cows and other animals kept exclusively for the purpose. The author maintains that the plan can be carried out in two ways, either by public charitable subscription or by shares. It remains to be seen how his countrymen will respond to his benevolent views. The mortality of infants confided to country nurses has been shown to be frightful.

Clinical Lectures
ON
DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital.

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LECTURE III.
STRICTURE OF THE URETHRA.

YOU may remember, gentlemen, that at the last lecture we commenced the subject of stricture, and considered the treatment by "ordinary dilatation" and by "continuous dilatation." You will see at once that this presupposed that an instrument passed *into the bladder*. It is, of course, assumed that in treating a case by means of dilatation, whether continuous or simple, the instrument has fairly passed through the stricture, otherwise the stricture is not dilated. But all cases of stricture are not so easily disposed of. It often happens that at the first, second, or even third trial you do not get the instrument into the obstructed part, or only partially so; or it leaves the canal altogether and goes into a false passage. At all events the instrument does not go through the stricture, and onwards, as it should do, into the bladder. Now that is a condition of difficulty which opens a new subject for us to-day. We have now to deal with more difficult cases, those in which all your care, and experience if you have any, are needed. It was said by Liston, that of all operations in surgery there were none so difficult, none which required so much patience and care, as the passing of a catheter in an obstinate and very narrow stricture. That statement is in his last edition of the "Practical Surgery" (p. 476), and you can scarcely have a higher authority for the fact there mentioned.

Now there is one word which is often used to describe stricture, to which I take a great objection, and I think the sooner it is expunged from the vocabulary of surgery the better. Such a stricture as that of which I now speak is often said to be "impermeable." What is impermeable stricture? Why, first, it does not denote a quality necessarily inherent in the stricture at all, but rather the quality of the surgeon. For, you see, a stricture may be "impermeable" as regards A, but not "impermeable" as regards B, who may pass the instrument easily enough. But, secondly, it is a contradiction in terms. Stricture is a *narrowing* of the canal; it is not an obliteration of it. There must be an opening, and if there be an opening there must be room for an instrument; it cannot be "impermeable." It is only a question of the size of that instrument, and of skill or patience in the management of it. The stricture always admits urine, more or less in quantity, to pass through it, and I maintain the truth of the axiom first enunciated by Professor Syme, that whenever urine passes outwards through a stricture, an instrument ought with care and perseverance to be got in. I advise you to believe in that doctrine, not that it is true as regards yourselves at the present time, for I will assume that you have not sufficient experience to be able to pass an instrument through a stricture in all cases. If you are able to do so I can only say that you are quite out of place here, and need not come to learn. It is exceedingly difficult to pass an instrument in some cases, but after a considerable amount of experience you will find that there are very few in which it cannot be accomplished. In the treatment of stricture, when you have really a difficult case before you, it makes all the difference whether you act under a belief that it is your own fault if you do not succeed, or whether, on the other hand, you hold the dogma that there are a certain number of cases which are "impermeable" to all surgeons. The man who holds the latter belief will be quite certain in some cases not to succeed, whereas, probably, the man who believes that in all cases an instrument may be passed with time and patience, will be very likely to succeed in all, or at all events will succeed better than the other. "Impermeable" stricture is not heard so much of now as it was twenty years ago. It was fully believed in then, and operations were frequently seen in the hospitals for it; but I will undertake to say

that they are very rare now. The operation consisted in passing a large instrument down to the stricture, and opening the urethra upon it from the perineum, and then getting through the obstruction, or by it in some way, if the operator could, into the urethra beyond. It was very seldom that the true passage was followed, but somehow, by dint of cutting, a way was made for the instrument to go from the urethra before the stricture, to the urethra behind the stricture, and it was not a very successful proceeding. That was acknowledged in all books at that time as an operation for impermeable stricture, or as "perineal section." I have never had occasion to perform it, and I believe the necessity for it, if ever existing, is excessively rare. I have already given Professor Syme credit for having first enunciated that doctrine, and he has stoutly maintained it, to the great advantage of patients who suffer from stricture.

But you may have complete obliteration of the urethra, which, as before said, is not stricture. This is very rare; but it occasionally happens, and chiefly after injury in the perineum, as by the breaking of a vessel, or any wound there cutting into or across the urethra. If the opening remains pervious, and gives exit to all the urine, a cicatrix occurs involving the anterior opening of the divided urethra, which is then closed altogether, and so the canal is obliterated in front of the fistula.

Now how are you to deal with a really narrow and difficult stricture? I will assume that you have a case in which you have tried to pass an instrument three or four times, and have failed. The first thing to do is to see the patient make water. Your failure to pass the instrument may not have arisen from narrowing of the urethra: there may have been some false passage made. It may be that there is no stricture at all. No greater failures are made than with those patients who have little or no stricture, either from the surgeon not knowing well how to pass the instrument, or from there being a false passage into which he gets, so that he does not enter the bladder at all. You first of all see the stream of water, and judge by that what size of instrument is to be used. And always let the instrument correspond with the size of the stream which you see. It should correspond in this way, however,—it should be a little smaller. You know, of course, that when a current of water passes into a narrower passage than that in which it has been flowing the stream is more rapid than before, and when the passage becomes larger it flows slowly again; so that the size of the stream as it flows from the orifice is not to be taken as the precise measure of the calibre of the narrowest part of the canal. You should, therefore, take an instrument somewhat smaller than the stream. There is a patient in No. 10 ward, whom some of you have seen, who does not pass a stream at all; the urine is only a succession of drops. How small, then, in such a case must be the instrument that is employed. Then there is one very important thing to be considered in connexion with small instruments—namely, that no more dangerous weapon can be introduced than a very small catheter, unless corresponding care, delicacy, and gentleness are exercised; indeed, it is impossible to be too careful in employing it. You see how easy it is with such an instrument as that which I hold in my hand to get into one of the lacunæ or into any false passage, or to drive it through the soft walls of the urethra into the tissues outside: therefore it should always be used with the utmost lightness of hand. You must not hold this slender catheter tightly, resolving to get it through any obstruction; but it must be held so lightly that if it meets any undue resistance it will slip through the fingers directly—anything rather than wound the urethra. I certainly cannot advise you to try such an instrument until you have had some fair amount of practice with a larger one. In cases of difficulty, a small gum instrument is often not of great service. I have been advocating gum-elastic instruments as the rule; but if you have to deal with a very tight stricture, and fail to pass the flexible catheter after one or two trials, you must use a small silver instrument.

Now, one word upon the subject of using force. *Under no circumstances whatever should force be used in the introduction of an instrument through a stricture or into the bladder.* That is my dictum to-day. Years ago it was matter of discussion how much force should be employed; more years ago still you heard of people using instruments with great violence. Now I am perfectly satisfied, and I believe all modern surgeons will tell you, that no force is to be employed. It is very difficult to say what one means by force; but what you are to understand is, that no kind of weight or pressure is to be put on the instrument which can by any possibility carry it out of the canal; and very little force will do that. The more difficult the stricture the less are you to dream of using force. You will remember that the urethra is possibly of full size up to the point of narrowing, and hence it may be very difficult to find the opening. If you use force, you will perhaps perforate the soft walls on either side, and this done, you have increased your difficulties; because, if you make a false passage, the point of the instrument is much more likely to be caught in it than to go through the strictured part.

Remember, also, that a stricture in the course of a canal does not necessarily follow the exact direction of that canal. It may be a little tortuous; may be on this side of the axis or on that, not necessarily in the middle. You may see this sometimes in the dead body; and you may infer it from experience on the living. When you have to deal with a very narrow stricture, take a small instrument which you intend to guide. Do not rely upon mere groping to find the orifice. First of all it is exceedingly dull work to be constantly groping. You should always adopt some method—any method you please, provided that it shall seem to you exhaustive of the different modes of exploring the urethra. Some of you saw the plan I adopted with a patient to-day; and I believe that to be the best plan. You should go systematically to work, and slide your instrument from the orifice of the urethra down the one side or the other. This diagram will show you what I mean. If I go down on this side I shall probably not get into the stricture; but if I slide down gradually on the other I shall probably get the instrument in, because you see there is less obstruction on that side. Begin, then, by the roof. The roof is the firmest part, and, by following it, will be most likely to carry the point in. The floor, on the contrary, is the softest, loosest, and most spongy part; and will be most likely to yield to the instrument, and give way. If your first effort does not succeed, take the right side; if that does not do, take the left; if that does not do, take the floor. I know no other method so calculated to help you through a difficult stricture. If you are very careful, you may make the attempt in this manner for twenty or thirty minutes without doing any damage; but if you find the patient suffering much, if you are losing patience, give it up, or you will probably make a false passage, and increase the difficulty tenfold.

(To be concluded.)

ON CHRONIC ALBUMINURIA, AND ITS FERRO-ALBUMINOUS TREATMENT.

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In the year 1860 I published a paper upon this same subject, with the object of drawing the attention of the profession at large to a method of treatment based on the principle of blood degeneration and drainage of albumen from the body, and which had been attended with considerable success. The cases upon which that paper was founded, and which were therein recorded, had been watched for a considerable time before; the one in which the treatment was first thoroughly carried out being in the Queen's Hospital, in 1851, and of which (in a clinical lecture published in 1852) I took occasion to remark in conclusion:—"All these facts point to the inference which I would wish to enforce—viz., that this degeneration of the kidney is similar to degeneration of the lung and other organs; and that, although the exciting causes may often be of a local nature, we are to look for the origin of the malady chiefly in the general condition of the patient, and consequently apply our remedies to the part certainly, but still more certainly, if the expression may be allowed, to the whole material and machinery of nutrition."

It is not necessary now to go over all the matters referred to in that former paper; but it is only right to indicate the leading point upon which the whole question hinges—namely, that the disease in this form, being neither febrile nor inflammatory, is a local expression of a general low condition of the system, usually occurring in the phlegmatic temperament, and either induced by accidental loss of blood, or true anæmia, or else inducing the latter. The usual primary features being either an accidental loss or an idiopathic diminution of the red particles, and a drainage of albumen, the chief object,

therefore, is to improve the condition of the blood, and prevent or lessen the discharge of albumen, or compensate the system for its loss, the principal means to attain such ends being iron and albumen.

Whatever else may be the accompanying treatment, this must be viewed, under these premises, as forming the essential basis, without which all others would prove of slight avail. Yet not that those other aids are of little value, for they are frequently, or rather almost always, necessary towards enabling the system to appropriate the materials so furnished. A healthy constitution would of course derive sufficient albumen, iron, and all other natural elements from the common food; but in this case it will too often happen that no mere furnishing of the requisite materials will serve that object, but the stomach will require to be aided by tonic bitters, and by peptic liquor in combination with soda; the first to excite the languishing appetite, and the second to promote the process of digestion. I am not here unmindful of an observation often repeated by persons of a certain school, to the effect that the treatment of symptoms is quite unnecessary; because, if you cure the essence of the disease, the symptoms will necessarily vanish. But they forget that the real nature or primary root of disease is generally altogether unknown, and we have nothing to deal with but a group of symptoms of which the disease is made up, and which must be met as they arise. In measles, scarlatina, and typhus we have nothing but a series of symptoms thus to deal with, all believed to be the consequences of a certain invisible and intangible virus absorbed into the system, but which we are no more able to reach and arrest, when once there, than we are able to reach and arrest the cause of a storm; wherefore we can only seek to abate symptoms, and thereby lessen the degree of danger. Certainly such a disease as syphilis and the like may be somewhat clearer in origin and progress, and it would be vain to grapple there with this or that symptom without specifically neutralising the poison. But such diseases are the exceptions; and so, even in this matter of chronic albuminuria, although we endeavour by supplies of iron and albumen to supplement the deficiencies of the system, yet we know that there is a profounder cause underlying the deficiency of the elements, and which profounder cause prevents the exercise of those vital chemical affinities which ought to eliminate a sufficiency of such matters from the daily diet of food and air. But because we do not know, and therefore cannot deal with, that profounder cause, we are not therefore to neglect symptoms which we find we can overcome with advantage more or less permanent. Nay, we have innumerable cases of all kinds in which the exciting cause of the symptoms is quite apparent, but, being irremovable, we yet treat such symptoms with great benefit. For example, witness the pain, constipation, vomiting, &c., which attend internal tumours, cancers, pregnancy, and the like; yet who would let such symptoms run on unchecked because he could not remove the too obvious cause? Ordinary practice is a sufficient answer to such views. And so, in like manner, the numerous train of symptoms inducing or induced by this disease of the kidney—namely, anorexia, dyspepsia, vomiting, cough, anasarca, and the leading feature, albuminuria itself, are each to be combated by their appropriate remedies; while we seek to meet the prime and essential characteristics of the malady by supplying the blood with red particles, and otherwise promoting a sound nutrition, and relieving the kidneys of congestion and excess of functional exertion, by opening the skin, liver, &c.

Seeing, then, that the disease is usually, or rather perhaps always, preceded by anæmia, and that after its manifest induction, as proved by the extensive and persistent presence of albumen in the urine, the anæmia becomes greatly increased by the drainage of the nutritious albumen, it follows that the management of the anæmia should be the chief object kept in view, and carried out by the exhibition of iron and albumen in a direct and positive manner. Whatever may be the hidden reason why constitutions of a certain kind, as already observed, fail to appropriate the iron or other elements of nutrition which healthy bodies take up from the usual supplies of food, air, and light, we do find, as matter of fact, that their condition beomes improved under an artificial increase of such supplies, and therefore we furnish them; steel, albumen, and free exposure to the warm air and sunshine, being the basis of operations.

Since the publication of my papers in 1852 and 1860, Dr. Hassall of London has reported cases in which he used such treatment with much success, and my chief object in now recurring to the subject is to elicit such experience in the matter as my professional brethren may see fit to make known.

By the adoption of this line of practice, I hold, as before, that—

1. In cases of threatened disease, it may be averted by the treatment.
2. In cases not very far gone, it may be arrested or greatly ameliorated.
3. In cases even considerably advanced, it may be ameliorated and kept in check.
4. In cases of extreme disorganisation, the fatal issue may be indefinitely postponed.
5. Total disorganisation is, of course, quite hopeless.

The cases now to be adduced are brought forward to illustrate the issue in different degrees of severity and complication; some being very encouraging, and others merely showing the usual fatal result of extreme disease. That the fatty and granular degenerations should arise from defective nutrition, and inactivity of the nervous and muscular systems, can be readily grasped; but why the deposition of such matters should take place sometimes mainly in one organ, and sometimes in others, as in the mesenteric glands, the glands of the neck, the intestines, liver, kidneys, or lungs, is a more mysterious question. But, looking to the connexion of the state of the skin with the albuminuria of scarlatina, and the fact that in most cases of chronic idiopathic albuminuria there is a marked dryness of the skin, and a great diminution of the perspiration, we are led to infer that the albuminuria may be in a great measure induced by a prior inactivity of the skin, due to external cold, or sedentary habits, or internal debility of the circulation, which would cast a large share of vicarious duty upon the kidneys, and so lead to chronic congestion, with consequent structural degeneration. This view of the matter led to the adoption of a fresh element in the collateral treatment of the disease, apparently with good result—namely, frictions of glycerine, which have rendered the skin more pliable and elastic, diminished its dryness, and cleared the pores of a certain viscid, brownish-coloured matter, which appeared to block them up, and gave the surface a dirty, smoky-looking aspect.

The induction of a moist, warm perspiration by this means I have seen in a very marked manner, especially in one patient, an old lady, who had been chronically affected with urticaria, and whose skin was dry and scurfy, so much so that she had long had no perceptible perspiration whatever; but, after a few applications of the glycerine, in conjunction with cholagogues, a free perspiration was restored, with a removal of her annoying complaint, which had gone through long previous treatment with little or no good result.

Extreme dryness of the skin is a constant characteristic of another most formidable and usually mortal disease of the kidneys, namely diabetes; and the like accompaniment has been already spoken of in connexion with scarlatina, as well as measles. There is a similar dryness and scurfiness in phthisis, to which the usual colliquative sweating of that disease is a mere reactionary effort, and which, when arrested by astringents, will often manifest itself by anasarca of the extremities. In all such cases the glycerine will be found a useful agent in keeping up the steady action of that important function of the skin, as an excernent, and saving other organs, such as the kidneys, liver, or intestines, from having that additional burden thrown upon them, and so inducing secondary disease.

(To be concluded.)

THE KERION OF CELSUS: A PHASE OF TINEA TONSURANS.

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DERMATOLOGISTS would be guilty of no little unfairness did they refuse to confess that the clinical descriptions, as far as naked-eye observation is concerned, of the diseases of the skin given by the ancient medicine-men were, as a rule, remarkably accurate, and in many instances peculiarly happy. Moreover, whilst few things that could be seen escaped the search and scrutiny of the unaided eye, the profounder details of minuter phenomena, which have been comprehended only in our own day, seem sometimes to have been *almost* inferentially appreciated, and the microscope and its revelations have in cutaneous medicine enabled us in many matters scarcely so much to reinterpret as to develop and unfold the pathology of morbid

states, thence deducing, to us, more satisfactory plans of therapeutics. As far, however, as descriptive narrative is concerned, progress is altogether less marked. I have elsewhere attempted, in the case of elephantiasis and lepra, to illustrate the general proposition, that the diseases of the skin, as they exist to-day, are the same in character as those which prevailed in earliest times; their causes and nature are *now* differently explained. In the "Dermal Pathology" of Celsus many examples in point are afforded. I will now give one of them, which has a direct practical interest for us in a clinical point of view.

In his fifth book he describes a disease to which he attached the name of *kerion*. Mr. Wilson renders Celsus thus: "Kerion is a genus of ulcer, so named by the Greeks from its resemblance to the honeycomb. There are two species. One is whitish, and like a furuncle in shape, but larger and more painful. When it maturates, it presents a number of foramina through which exudes a glutinous and purulent humour; but it never suppurates thoroughly. When opened, it is found to contain more corrupt matter than a boil, and is also more deeply rooted. It is seldom met with elsewhere than amongst the hair. The other kind is smaller, prominent, hard, broad, greenish, pale, and more ulcerated, since the foramina correspond with every individual hair, and give exit to a glutinous palish humour of the consistence of honey, or resembling the juice of the mistletoe, or sometimes oil. The pain and inflammation are severe, so as in some instances to excite a sharp attack of fever." Mr. Wilson truly observes that there is no difference between these two cases except in *degree*. The disease may, therefore, consist of large or several small patches.

One or two more particulars may be added. The disease may commence suddenly, with more or less loss of hair. The hair breaks off from over a circular area of greater or less extent, when swelling speedily follows. The glands of the neck are sometimes enlarged, and very tender; they may even suppurate. The swellings of the kerion are tender, as we have said; but they also look uneven and feel boggy without there being pus present.

What, then, is this kerion? Have we such a disease amongst us at the present day? Or did Celsus given an incorrect or fanciful picture of some of the more common eruptions of the scalp? Or was kerion simply a subcutaneous abscess of the scalp? There can be no doubt that Celsus was quite correct and particularly fortunate in the description which he gave of the disease; and that it represents an unusual condition of a very common form of disease.

The characters of kerion are: (*a*) prominence; (*b*) its perforation with foramina—i. e., the mouths of the hair-follicles; (*c*) the outpouring of a mucoid fluid; (*d*) the non-suppuration of the swelling; (*e*) the looseness of the hairs; (*f*) the after-baldness; (*g*) the presence of a fungus.

I have lately met with several most perfect examples of kerion, illustrative of the different stages of the disease. The first I saw at the request of a medical friend, who was in doubt as to its nature. It could not be regarded as well-marked kerion, certainly, but this was its earliest phase. It occurred in a child, who had a patch about the size of a five-shilling-piece on the side of the scalp, from which the hair had suddenly fallen off, the nurse having discovered it only two days before I saw it. The whole patch was remarkably prominent and peculiarly upraised, and this was seen to be due to the distension and enlargement of each individual follicle. On removing some of the hairs from the patch, they were seen to be surrounded and infiltrated with nothing more or less than a mass of sporules of the tricophyton. The swelling of the whole patch in this case was so remarkable as to make the disease appear something quite different from the ordinary dry, flat patch of tinea tonsurans. In July, a boy was brought to me with half-a-dozen round prominent places on his scalp, apparently, at first sight, subcutaneous abscesses; but the characters of kerion, as described by Celsus, were present. In a third case, the mother remarked that the discharge was so sticky that she could not wash it off. In each of the last two cases there had been constitutional disturbance of slight extent, and the patches, which were partially bald, were excessively tender. In the second case they varied in size from that of half a crown to double that size. They looked exactly like uncircumscribed, boggy, subcutaneous abscesses, produced by the application of irritants to the patches of tinea tonsurans. In all these and similar cases the hairs which here and there stud the upraised and swollen patch, and those which edge it round, are broken off close to the surface, and, as in ordinary ringworm, filled with fungous elements unusually luxuriant. The hairs come away very readily; and if they are examined with the microscope their follicular sheath, in a more or less perfect condition, is often found attached; the gum-like material also closely adheres to them. Pus is not very abundant. The most careful inquiry fails, in most cases, to detect the evidence of the application of irritants as a cause of the unusual swelling and exudation. The peculiar sticky secretion is albuminous lymph. It seems to me that the fungus destroys the follicular sheath, that a large amount of irritation is set up, the glands of the hair-follicles are involved, and fluid is poured out for needed repair. This condition may run on to threatened suppuration. In plica polonica a similar kind of exudation is poured out into the hair-follicle, and infiltrates even the hair-shaft.

I regard the kerion, so accurately depicted as to external features by Celsus, as nothing more or less than tinea tonsurans which has become complicated by irritation, swelling and prominence of the hair-follicles, detachment of their follicular sheaths, and exudation of albuminous lymph. It is a wonder that this is not a more frequent condition in tinea tonsurans.

"Kerion," says Mr. Wilson, "must be regarded as belonging to the same group as trichosis and favus; representing, in fact, an inflammatory and pustular form of the same disease. ..... The phytiform disorganisation of trichosis and favus has not as yet been discovered in kerion; but we have no doubt of its presence, and that kerion must be added to the group of diseases of which that peculiar morbid phenomenon is the leading character." I am well acquainted with the fungus growth in kerion; and in examining the hair microscopically have been surprised at the amount of the fungus present.

Another clinical fact, then, I wish to point out is that kerion is only a complicated form of tinea tonsurans, that very little pus is present (were pus present the fungus would not be so luxuriant), and that it always commences as an exaggerated tinea tonsurans. Mr. Wilson notices "that it was complicated in two out of fourteen cases by tinea circinata, and tinea tonsurans in one; whilst a brother of one of his patients had the former affection, and a sister of another the latter." In one instance, kerion developed out of tinea tonsurans.

It seems to me very clear that unless we recognise the influence of the fungus which the microscope reveals to us, we cannot treat kerion successfully; we must trust entirely to empiricism for cure, but we may happen by chance to select a parasiticide.

The plan of treatment that suggests itself to the mind in the first instance would seem to be the employment of decidedly emollient remedies—poultices, and soothing applications—to subdue the inflammation. But this I believe to be unsound; for as in scabies complicated by many and various eruptions, we treat the scabies, and attempt to kill the acarus, so in kerion we should attempt to destroy the vitality of the fungus as the first step towards a cure. The plan is to pull out all the hairs. This will generally remove the greater portion of the fungus, for the hair and follicular lining come away together, and necessarily the spores imbedded therein. Then we may apply mild parasiticides, bichloride solution, or carbolic acid lotion, and the disease will rapidly mend.

Cases, then, of tinea tonsurans which are followed by swelling, prominence, and apparent suppuration of the separate hair-follicles in which the hairs are loosened and a glairy fluid exudes, constitute what Celsus described as kerion. The apparent severe inflammatory action should not deter us from destroying the true cause of mischief—the fungus. These cases are no new acquaintances of mine, and therefore I speak with some confidence. I would just remark that I am glad that it is possible to harmonise the statements of the ancient and modern physicians, to vindicate the accuracy of the former, and to add one little fact against the doctrine of the change of type of disease.

Finally, it is important to add one practical remark. I have seen these cases of kerion mistaken for subcutaneous abscess (nothing more likely, and nothing to be more avoided), and accordingly the swelling has been opened by the lancet, not, however, with any good result: a troublesome sore has remained; suppuration has been induced by the entrance of the air, and pus has burrowed beneath the scalp tissues. This result, though usually regarded as part of the natural course of the disease, has been brought about by the treatment. Left to itself, kerion appears but very rarely to suppurate.

Sackville-street, Piccadilly, January, 1868.

AUTO-CLINICAL REMARKS
ON
INJURY TO THE RETINA FROM OVERWORK WITH THE MICROSCOPE.

BY GEORGE HARLEY, M.D., F.R.S.,
PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL AND PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE.

IN order to answer the many kind inquiries that are being made regarding my case, which has excited a more than usual amount of professional interest, in consequence of my prolonged sojourn in total darkness, I shall feel obliged by being allowed to mention in the columns of THE LANCET that I purpose very shortly publishing a full account, not only of the manner in which the injury to the retina occurred, but also of the course and treatment of the subsequent attacks of glaucoma and retinitis. Thereby I may, perhaps, not only be able to save the eyes of some of my fellow-workers with the microscope, but even interest and instruct the practical as well as the scientific members of the profession.

That a person should have been, like myself, kept seventeen months in a darkened room is nothing extraordinary, but that nine out of the seventeen months should have been passed in *total* darkness is, if I am rightly informed, perfectly unique. Few, I believe, even among the best-educated persons, can realise the meaning of this term "total darkness;" for what is ordinarily called "total darkness" is, to a person with the eyes in the condition of hyperæsthesia in which mine were, nothing more than subdued light. I shall not, however, take up valuable space by attempting to define "total darkness" further than to remark that, during the nine months passed in this condition, all light was so effectually excluded that not only did I never see a human face, but even the outline of my own hand was equally unknown to me.

My stay in darkness, quite irrespective of the beneficial effects it had on the retinitis, was not altogether unprofitable from another point of view; for it enabled me to make some curious physiological observations regarding the possibility of the human eye acquiring, under certain circumstances, the power of seeing in the dark—a power heretofore considered the special attribute of some of the lower animals. When I say that I could distinctly distinguish objects in a room so dark that in it persons with perfectly sound eyes could not even see their hands before them, but a faint idea of the reality is thereby conveyed; and until the case can be reported *in extenso* I fear to mention the isolated facts lest they should be regarded by some as mere fairy tales.

When the condition of hyperæsthesia of the retina had subsided—that is to say, after the period during which light had been totally excluded from the eyes—some remarkable visual phenomena were observed. From among these may be mentioned that my eyes had lost the power, not only of distinguishing colours, but of appreciating distance. For the first month after I began using my eyes, all blues, greens, yellows, and other light colours appeared perfectly white; whereas all greys, browns, reds, and other dark colours seemed perfectly black. In fact, there were to me but two tints, white and black; and several weeks elapsed before I was able to distinguish the different hues in the carpet, and a still longer period before I could exactly estimate the various shades of the same colour.

The other curious optical effect which afforded me much amusement and instruction was that of appreciating distance; for the long exclusion of light had reduced me to the condition of the child who has not yet learned whether objects be without or within his reach, and the process of gradually re-educating my eyes was not devoid of scientific interest.

On first removing the bandages, in what was regarded by my friends as a dark room, although it appeared to me an exceedingly light one, the effect was most extraordinary. The room had the appearance of a long and broad passage; chairs, tables, and sofas all seemed to be lengthened out, and at a great distance from me; even the person who was standing close by my side appeared yards off; and when I looked at my own hands and feet, I could not refrain from laughing at the ridiculous appearance they presented, my arms and legs seemed so long, and the hands and feet so distant. I presented, in fact, to my own mind, that appearance of elongation which is often represented in children's picture books; and it was curious to notice how, day by day, the retina regained the power of correctly estimating size and distance.

A few years ago an absurd story went the round of the papers, of the possibility of obtaining the photograph of a murderer from the retina of the murdered individual. It seems to me that the man who invented this strange story must have been for a time in total darkness; for I can readily imagine it occurring to the mind of one who had partially undergone my experience, since, on the first few occasions of using my eyes, the impressions of objects were strangely retained by the retina. On one occasion, I calculated the exact time that a single impression would last, and after (for the sake of experiment) keeping the eyes unused for seventy-two hours, suddenly opened them, looked at a very marked pattern of wall-paper (blue lozenges on a pale-figured stone-coloured ground) for about half a minute, then closed them again and noted the effect. For no less that twenty-five minutes the pattern remained distinctly photographed on the retina, even to its minutest detail; the only difference being that the bright blue lozenges were of an equally bright yellow, and the pale stone-coloured ground black. During the twenty-five minutes this photographic image, if we may so call it, lasted, I was not only engaged in conversation with friends, but kept the body in active motion by walking round the table.

Effects such as the afore-mentioned and other subjective phenomena of light, which, however, could only be properly understood by aid of a diagram, are chiefly interesting to scientific men, but there are others of deep import to the practical physician; such, for example, as

1st. The influence of remedies on the circulation as observed by introspection of the retina.

2nd. The possibility of diagnosing grave retinal injury by introspection with the aid of the microscope, when the ophthalmoscope proves totally inefficient even in the most experienced hands.

3rd. The value of therapeutic agents and of hygiene both in hastening or retarding the healing powers of an injured vision.

These and many other facts I shall chronicle, and for this purpose have kept the most careful notes of my case, as well as a number of rough sketches of the appearance the eye presented at various times, both during its progress towards disease and towards health.

In conclusion, as I am constantly being asked who suggested the experiment of total darkness, I may remark that the idea originated with myself. Indeed, with the exception of the first three months of my illness, during which period I made but little progress towards recovery, I entirely assumed the responsibility of my own treatment; and not only was it without the concurrence of my medical friends, but in direct opposition to their views, that I ventured upon the experiment of total darkness, one and all of them fearing that a prolonged exclusion of light, and consequent disuse of the retinæ, would not fail to be followed by blindness—a prophecy which, fortunately for me, has not been verified.

Harley-street, January 22nd, 1868.

ON POISONING BY COLOCYNTH (CUCUMIS COLOCYNTHIS).

BY CHAS. MEYMOTT TIDY, M.B.,
JOINT LECTURER ON CHEMISTRY AT THE LONDON HOSPITAL.

MRS. P——, a young married woman, had all her life enjoyed fair health. She had, however, a slight cold, and had passed nearly a fortnight over her usual monthly period. Talking with her landlady and another friend, she asked them what was a good thing to take, upon which her friend remarked she had heard bitter apple recommended. This was on the afternoon of the 5th of November. She then took threepence out of her pocket, and asked her friend to purchase some for her, which she did, at a neighbouring chemist's. She brought it home and gave it to her. When she took the drug it is impossible to say, as there was no evidence on this point. The following day, however, she was seized with vomiting and violent purging, which never ceased until her death, which occurred on the afternoon of the 7th of November.

Some days after death Dr. Godfrey made an examination of the body. He reports that the viscera were healthy; the right side of the heart was full, the left empty. The brain and intestines were not examined.

On the 17th of November I received the uterus, and the

stomach with its contents. The uterus was unimpregnated and healthy, though at the same time I should state it was a little more congested than usual. There was no appearance of any inflammation in the stomach; indeed it was somewhat preternaturally pale. It contained about sixteen ounces of a light yellow fluid, which smelt of digesting matter, and had an acid reaction. I allowed the sediment to collect, and examined it under the microscope, but failed to discover any substance having the structure of the bitter apple. I endeavoured then to see if I could detect the presence of the bitter principle by extraction with alcohol, but was again unsuccessful. I did not discover any poison in the contents.

Colocynth is imported in the form of a dried fruit, about the size of an orange; but is usually sold by the chemists as a powder, having a yellowish-white colour. There was some difficulty in determining the quantity that was actually procured for threepence; but after purchasing it at various chemists, I find somewhere between two and three drachms is usually sold for that sum. It is right, however, to state that at the inquest the chemist who is said to have sold it asserted that he never gave more than a drachm for threepence.

I now made a careful investigation into the effects of the poison on the lower animals. The first thing, however, was to find out the smallest quantity of the powdered colocynth that could be detected in organic liquids, and I found that one grain was easily discoverable in ten ounces of fluid. Two drachms of the powdered colocynth given to a small dog produced considerable vomiting and purging; but the animal soon recovered, and in two days was as well as ever. Three drachms and a half was, I found, the smallest quantity that will prove fatal to a dog, in one case in eighteen hours, in another twenty-two, in a third thirty-six hours, and even this quantity occasionally fails to kill. In one case a dog recovered after taking six drachms. The following were the results obtained:—

Experiment	1.	Gave a dog	1 ounce ...	Died in 5 hours.
,,	2.	,,	6 drachms ...	,, 8 ,,
,,	3.	,,	Ditto ...	,, 9 ,,
,,	4.	,,	Ditto ...	Recovered.
,,	5.	,,	3¼ drachms ...	Died in 18 ,,
,,	6.	,,	Ditto ...	,, 22 ,,
,,	7.	,,	Ditto ...	Recovered.
,,	8.	,,	3¼ drachms ...	Died in 36 ,,
,,	9.	,,	3 drachms ...	Recovered.
,,	10.	,,	Ditto ...	Ditto.
,,	11.	,,	Ditto ...	Ditto.
,,	12.	,,	2¼ drachms ...	Ditto.
,,	13.	,,	Ditto ...	Ditto.

These experiments closely agree with the cases on record. Orfila relates the case of a man who took three ounces of the powdered colocynth for a gonorrhœa, and recovered. Christison relates a case of a woman who died in twenty-four hours, after swallowing a teaspoonful and a half. Now, in my experiments, where death occurred before twenty hours after taking the poison, the colocynth was easily detected, both chemically and by the microscope; but I failed to discover the drug in those cases that proved fatal after a longer period. Generalising upon these facts, we cannot help noticing the uncertain action of colocynth as a poison. It is of course nothing very strange that large doses of a poison should fail to kill where small doses succeed. In the case of this woman, allowing that colocynth was the cause of death, the dose probably did not exceed three drachms; and, according to the chemist who sold it, only one drachm, the smallest quantity I believe on record that has produced a fatal result.

The symptoms in animals as a rule come on after some short time; somewhere between one and three hours, varying with the dose given. Vomiting generally occurs first, and diarrhœa follows rapidly upon it. There is evidently in most cases severe pain, like colic, the pupils are in all cases contracted, a considerable quantity of blood is passed, and I was able in all cases to detect colocynth in the evacuations. Occasionally I noticed giddiness and extreme languor, but in no case anything like convulsions.

The post-mortem appearances are variable in the extreme. As a rule, the stomach and intestinal canal are highly congested, large ulcers being occasionally met with in the stomach. In some cases, however, the appearances were quite the reverse of this, the stomach and intestines being paler than usual, with this exception, that in every case the rectum was violently inflamed. The other viscera as a rule were healthy, though occasionally I found traces of inflammation in the kidneys and bladder.

Once again returning to the case that led me to make these experiments, and has suggested these remarks. From all accounts, she could not have died within forty hours after taking the colocynth. I do not regard, therefore, failing to find the poison as a proof that death did not result from it, although, of course, failing to find it, I was unable at the inquest to speak positively one way or the other. The vomiting and violent purging, the bloody stools noticed by Dr. Godfrey, the pale stomach which I have already referred to as not unusual, the previous good health of the woman, and the certain evidence that the drug had been bought, and she herself ascribing her illness to having taken it, are facts which to my mind leave no question as to the immediate cause of death.

Cambridge-heath, Hackney, Dec. 9, 1867.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

A SUCCESSFUL CASE OF OVARIOTOMY,

IN WHICH THE PEDICLE WAS LIGATURED AND DROPPED BACK INTO THE PELVIS WITH THE LIGATURES CUT OFF CLOSE; AND IN WHICH THE LIGATURES WERE SUBSEQUENTLY DISCHARGED THROUGH AN ARTIFICIAL ANUS AT THE LOWER PART OF THE ABDOMINAL WOUND.

(Under the care of Mr. THOMAS BRYANT.)

THE following case well illustrates one of the dangers to which the practice of returning into the abdomen the pedicle of an ovarian tumour with its ligatures cut off close is necessarily exposed, although it happily turned out well in the end. It forms the tenth successful case out of the last twelve which Mr. Bryant has operated upon at Guy's Hospital in which this practice was adopted, and deserves the careful study of all who advocate the plan. We give the case in detail from the report by Mr. J. W. Morison.

Emma S——, a single woman, aged thirty-six, who was sent up to Mr. Bryant from Eastbourne by Dr. Whitefield on the 4th of September, 1867, and was admitted into Guy's Hospital. She had always enjoyed good health, although her general appearance was somewhat pale. She first observed, in May, 1866, an enlargement of the abdomen, this enlargement being apparently on the right side. Since that time the increase has been steady. There was occasional pain in the belly of a sharp character; but this never lasted for any time. The catamenia had been regular till five months before her admission, when they ceased.

On admission, the abdomen was much distended, and was clearly filled with fluid. It was uniformly dull on percussion when the patient was recumbent, except in the loins, where it was resonant. Fluctuation was also readily detected. The abdomen measured forty-two inches in circumference. The uterus was declared to be normal and free. The cyst was thought to be somewhat thin, and some ascitic fluid was believed to be present. Pulse 112, and weak; tongue clean; bowels regular. Her legs have swelled a little during the last few weeks.

On the 21st of September this patient was tapped to make the diagnosis sure; for it was uncertain how much of the fluid was ascitic, and nearly four gallons of a very light-coloured fluid, slightly sticky, containing cholesterine, was drawn off, a large, solid, ovarian mass remaining. No bad symptom followed this practice; but by the 3rd of October the abdomen was nearly its former size.

On the 4th ovariotomy was consequently performed. Mr. Bryant performed this operation, as usual, in a private ward, with only such visitors present as were free from all dissecting room, post-mortem room, or other evil influence. He

made a small incision about six inches long, and evacuated about nine quarts of ascitic fluid; a semisolid ovarian cyst then came into view, which was tapped, and about two quarts of a white highly gelatinous fluid was drawn off. The tumour was then removed, and its pedicle, which proved to be on the left side of the pelvis, was secured in two portions with a strong whipcord, the ends of the ligatures being cut off close, and the whole dropped into the abdomen; the wound was then closed. During these steps of the operation the bowels never came into view, nor was there any adhesion which required treatment. The operation was a very simple one, and the case promised a favourable result. The wound was closed with smooth silk sutures; an opium suppository was given, and the patient placed in bed. A little chloroform sickness followed the operation, but disappeared on the second day, and everything went on well.

On Oct. 8th (the fourth day) the wound had healed, and the sutures consequently were removed, some pieces of strapping being put on to keep the parts well together.

On the evening of the eighth day the strapping, however, became loose, from the oozing of some ascitic fluid from the abdominal cavity, and from a slight gaping of the wound; and during the night a rush of fluid took place, which caused some alarm. No evil result, however, followed. The patient's bowels acted naturally.

On the 11th, for the first time, and on the 12th, some diarrhœa set in, which was checked by a dose of chalk mixture. The patient then seemed very comfortable; she was free from all pain, or abdominal tenderness. Her pulse was good, tongue clean, aspect healthy. She took food also with tolerable appetite.

15th.—Diarrhœa again set in; and on the 17th a fluctuating swelling appeared at the lower extremity of the abdominal incision. This swelling was also clearly tympanitic. The diarrhœa was again checked by a dose of chalk mixture, but the fluctuating swelling opened naturally on the 18th, and liquid fæces made their escape. No signs of other mischief existed. The nurse was directed to examine the fæces which passed from the artificial anus with great care, to see if any ligature should come away. In four days this artificial anus completely closed, and everything appeared to be going on well for one week, when diarrhœa again set in, and the abscess reopened, and discharged with fæces on the 29th the double loop of ligature by which the pedicle had been secured. In three days the wound had again healed, and in three weeks the patient had left the hospital perfectly well.

It was certain in this case that the loops of ligature by which the pedicle had been secured had subsequently ulcerated into the bowel, and had made their way through the abdominal wound to the external parts. It was also certain that during the operation no intestine had been touched, or even seen, and no adhesion had to be treated in any way; as a consequence, there is no other explanation for the discharge of the ligature than the one which has been just given.

COLDSTREAM GUARDS HOSPITAL.

A CASE OF EPIDEMIC CEREBRO-SPINAL MENINGITIS; RECOVERY.

(Under the care of Surgeon-Major WYATT.)

CASES of this epidemic have been so rare in England, and the following example has been so carefully recorded, that we publish it in detail:—

Private William M——, aged twenty-four, a healthy young soldier of three years' service, with sanguine temperament, was admitted on the 8th June, 1867, in a partially unconscious condition, groaning and struggling when moved, with a weak pulse, hot skin, and flushed face, the pupils responding to light; but no account of any premonitory symptoms could be obtained. He had lately returned with his battalion from Ireland, where the disease was very prevalent amongst the lower classes. An emetic was attempted to be given, but the small quantity he could be induced to swallow was immediately rejected unchanged. A mustard poultice was applied to the back of the neck, and five grains of calomel given. Spoon diet with iced milk *ad libitum*. Evening: He lies in a prostrate condition, with legs drawn up and body curved slightly backwards; he is evidently conscious of the conversation going on around him, but does not, or cannot, reply.

June 9th.—Passed a quiet night, moaning a good deal, but not wandering; the sickness continues; he will not speak, but appears more sensible. To have a turpentine enema.—Evening: The sickness is urgent, everything swallowed being regurgitated; he is able to talk a little, and puts his hand to his forehead as the seat of suffering; has passed some dark urine, and the bowels have been freely opened. Sinapism to the epigastrium, and to take ice and lime-water with milk.

10th.—Much better, and able to give some account of his seizure. He states that on the night before his admission he was suddenly seized with rigors, and with giddiness in the morning; after which he remembers nothing. Still complains of frontal headache, with a peculiar stiffness about the back of the neck, the head being moved with great caution. The face is flushed; the tongue loaded; pulse 84; skin hot; urine scanty and high-coloured; pupils respond to light; power of hearing much diminished. Two leeches to be applied behind each mastoid process.

11th.—The leech-bites bled freely. He slept well during the night, but wandered occasionally. Still complains of severe pain in the forehead and back of head, and there is evident hyperæsthesia of the post-cervical muscles. The head is intensely hot, and the face more flushed, with several patches of an herpetic eruption upon it. He has a dull and oppressed aspect, and, although he answers questions, he generally lies in a state of torpor, breathing heavily. Pulse 80; respiration 28; urine acid and very high coloured, sp. gr. 1022, and contains a considerable quantity of albumen. Ordered a turpentine enema; and to take one grain of calomel twice a day. The sickness appears to have subsided, but the pupils now act sluggishly.

12th.—To-day he complains of being very deaf, but he is much more sensible. He derives great comfort from the application of ice to the head. It was necessary to employ a catheter. Bowels constipated. To take an ounce of castor oil.

13th.—Being very restless last night, he was ordered one drachm of tincture of henbane, which composed him, and he slept well. The stiffness of the neck appears to increase. Is able to empty his bladder voluntarily, and there is no trace of albumen in the urine. The tongue is furred; the herpetic patches on the face are subsiding.

14th.—Passed another good night. Pulse 80.

16th.—Continued to improve until about four o'clock this morning, when he was attacked with shivering, and increased pain and stiffness of the head and neck. Skin parched; pulse 100; tongue very white; bowels constipated. To take an ounce of castor oil, and have belladonna applied to the back of the neck. Arrowroot and milk.

17th.—Has been relieved by a free evacuation from the bowels, but the frontal headache is still severe, being of a throbbing character, and associated with great giddiness. He can, however, now hear better. To have a blister applied to the neck. Has no desire for any food.

18th.—The pain in the neck has been relieved by the blister, but the head is still much complained of. To take sulphate of magnesia, one drachm; tartrate of antimony wine, twenty minims; nitrate of potash, ten grains: thrice a day.

21st.—No change, except that he was seized last night with retention. Expresses himself as better.

22nd.—Complains of great distress about the bladder, which required a catheter to be introduced three times. No albumen. The deafness continues, but he can move the neck with more freedom. Pulse 80. Skin hot; temperature 100°. To have milk diet with beef-tea, and take infusion of bark, one ounce and a half; tincture of bark, one drachm; sulphate of magnesia, one drachm: twice a day.

23rd.—Passed a very restless night, and now complains in addition of cramp in the thigh and back of legs. Bowels confined. Turpentine enema. Pulse 80; temperature 102°; tongue dry, and brown in the centre. To take bromide of potassium, twenty grains, at night.

25th.—Urine deposits a large quantity of phosphates. To use the spinal ice-bag.

26th.—The deafness has returned, the skin is hot, with a peculiarly pungent feel, and the temperature of the axilla is raised to 103°. He was suddenly seized with a violent rigor, which lasted upwards of half an hour.

27th.—State improved. Temperature 100°; pulse 106, feeble. Bowels relieved. Urine 1015, phosphatic. Extract of belladonna, a quarter of a grain, three times a day.

30th.—Has had frequent fits of bilious vomiting since yesterday afternoon, and is now unable to retain anything. Slept badly, and had a rigor this morning, lasting nearly an hour. The bowels have not been relieved for two days. To take an effervescing draught, with two drops of diluted hydrocyanic acid, every four hours. Imperial drink; cathartic enema;

calomel, one grain and a half; opium, half a grain: three times a day.

July 1st.—A copious scybalous evacuation followed the enema yesterday, and the sickness ceased entirely until this morning. Pain in the head much the same. Was seized with rigors again at half-past eight A.M., which lasted half an hour. The sudden increase of sickness on the 30th was supposed to be associated with the absence of the ice-bag, which got out of repair on the previous day. To take two drachms of castor oil in milk every morning. The urine being now alkaline, the effervescing mixture to be discontinued, and the following substituted:—Dilute nitric acid, twenty minims; dilute hydrocyanic acid, three drops; infusion of bark, two ounces; three times a day. Two ounces of brandy and eggs.

2nd.—Slept well last night, and has had no recurrence of rigors or sickness. Urine deposits a thick phosphatic sediment, occupying about one-fifth part of the test tube. Tongue dry and brown. Complains of severe weight and uneasiness about the head. To have a blister at the back of the neck.

3rd.—Was seized with sickness again, which has since been increased by everything he takes. Pulse 92; temperature 99°. To have iced champagne.

4th.—Complains of constant nausea, without excessive vomiting; inability to retain his urine; bowels confined.

5th.—Vomiting more urgent; urine acid, sp. gr. 1024, and containing albumen. To take one grain of calomel three times a day.

6th.—The sickness continued till twelve P.M., regurgitation following immediately any effort to swallow. To take aromatic spirit of ammonia and spirit of chloroform, of each twenty minims; oil of aniseed, one drop; water, one ounce: twice during the night. He was much troubled with hiccough.

7th.—The bowels were not relieved till half-past eight, after which he slept well until four A.M., when he became restless. Is weaker, and his pulse is small and compressible.

10th.—The sickness recurred yesterday afternoon; and since then he has been unable to retain any food. Is much lower; pulse very weak and rapid, 124; countenance sunken, with tendency to lividity. Had a rigor, lasting forty minutes; bowels obstinately confined. To have a cathartic enema, and a blister to be applied to the epigastrium and dressed with tincture of opium.

11th.—Bowels have been freely opened, and the sickness quite arrested.

13th.—No change, except that some scattered papulæ have appeared on the back and chest.

16th.—Is much better, and can eat meat diet with an appetite.

26th.—Has continued to improve, having occasional exacerbations of headache and sickness, but always associated with a constipated state of the bowels, which are best relieved by calomel, with croton oil, and a turpentine enema.

Aug. 2nd.—He states that he always experiences a sensation of nausea on first waking in the morning. Complains of hunger. To have a mutton-chop with half a pint of ale daily; and to take solution of strychnia, three minims; dilute hydrochloric acid, ten minims; dilute hydrocyanic acid, three drops; chloric ether, ten minims: twice a day.

7th.—Slight tendency to divergent strabismus of the right eye, and his memory seems impaired.

10th.—Countenance very vacant and oppressed. Pulse 64; temperature 97°. Two issues were made on either side of the spinous processes of the vertebræ. To take solution of bichloride of mercury, one drachm; iodide of potassium, five grains; solution of cinchona, ten minims; water one ounce: twice a day. Repeat the croton oil and enema.

12th.—Was seized with a sort of epileptic attack while sitting on the close stool; face much flushed, with great prominence of the superficial veins, and the surface clammy; heart's action was full and bounding. He was quite insensible to external impressions; but after taking a small quantity of brandy, he partially recovered, and fell asleep. To omit the bichloride of mercury, and take a mixture composed of cardamoms, chloroform, and hydrocyanic acid every three hours.

13th.—Is free from pain, and slept well. Takes his food eagerly.

Sept. 13th.—Occasional attacks of head symptoms, with vomiting, have occurred, always relieved by a free action of the bowels. To take solution of strychnia, three minims; sulphate of magnesia, one drachm; citrate of quinine and iron, five grains: twice a day.

25th.—He seems now to be stronger, and is gaining weight; and on account of the evident muscular debility which exists, it is thought that faradisation may be usefully employed daily.

Oct. 10th.—He has continued to improve, and can walk down stairs every day with the aid of a stick. His capability of directing his progressive movement is defective, and he staggers considerably. His aspect is healthy, but he complains of dimness of vision, which cannot be explained by ophthalmoscopic examination, and a difficulty of hearing.

Nov. 14th.—Has gained fourteen pounds in weight. To take a teaspoonful of cod-liver oil, with the strychnine mixture.

Dec. 14th.—Has still a very uncertain gait, and occasionally sees objects double. His other symptoms are much improved, and whenever the bowels are constipated, the amount of headache and giddiness is more complained of. To take strychnine solution, with iodide of potassium and bark, twice a day.

20th.—He steadily improves in strength, but complains of a distinct pain between the eyes over the frontal sinus, where there is an evident enlargement, and the giddiness is present whenever there is not a free action of the bowels. His power of hearing appears to be quite restored.

Mr. Wyatt remarks: "It may be safely inferred that, whether or not the commencement and subsequent irregular attacks were associated with a condition of hyperæmia of the vessels of the pia mater, yet that the upper part of the spinal cord and the medulla oblongata were the parts which were chiefly implicated, and that the state of effusion alluded to by the few who have written on this disease must have been of a transient character. Beyond the tendency to obstinate constipation of the bowels, which may have been associated with some secondary implication of the organic nervous system, the only special nerves which appeared to evidence any decided derangement were the sixth and portio mollis of the seventh pair. The rigid condition of the back and neck was most marked, which I am inclined to think was more relieved by application of the ice-bag than by anything else. The maculæ alluded to by Dr. Samuel Gordon, of Dublin, were very evident, but not very numerous, on the body. It is fair to assume that the tendency to permanent external strabismus of the right eye is associated with some deposition or thickening of the meninges about the pons Varolii. I believe this is the only case of the disease which has occurred in England amongst the Guards."

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, CITY ROAD.

CASE ILLUSTRATING THE USE OF THE OPHTHALMOSCOPE IN MEDICAL DIAGNOSIS.

(Under the care of Dr. SANSOM.)

WALTER M——, aged eleven, was admitted as an outpatient on Nov. 16th, 1867. He complained of shortness of breath, pain in the chest, and severe headache. Two years before his admission, whilst at school, he complained of dulness of sight. For twelve months he has been losing flesh. He has suffered from headaches, which latterly have increased in severity, and they now give rise to crying and fretfulness, and the height of these paroxysms is described as "dreadful." The hereditary tendencies are as follow: father suffers from chronic bronchitis; mother has frequent headaches, so also have the brothers and sisters; one sister suffers from rickets and general debility. The following describes his condition: Thin; small flabby muscles; pale; head large and flattened; teeth much notched; high arch of palate; slightly deficient resonance in left apex of chest; here dry râles, and respiration harsher than in right. Ordered counter-irritation to the chest by turpentine liniment; one grain of iodide of potassium and half an ounce of infusion of bark three times a day. No improvement followed; on the contrary, the headache became frightfully intense; it occurred every afternoon at two o'clock, and was accompanied by screaming.

Considering the emaciation and the physical signs suspicious of an early stage of pulmonary tubercle, Dr. Sansom was led to fear that the violent headache might be due to incipient intra-cranial tubercle. To investigate this point he made an ophthalmoscopic examination. He found that the fundus of each eye was rather paler than usual; the optic entrances were of their normal colour, and the vessels were small. In each eye the appearances were perfectly similar. This examination tended to negative the idea of tubercle in the meninges; for it would be probable in such case to discover hyperæmia instead of anæmia, and the perfect similarity of each would not obtain.

The following treatment was adopted: cantharides blister behind each ear; ten grains of bromide of potassium, afterwards increased to fifteen grains, three times a day; cod-liver oil twice a day.

The boy gradually improved, and on January 18th the note states, "He is mending very greatly, is livelier, and the pain in his head has greatly disappeared. The pulv. soda c. ferro of the hospital Pharmacopœia was added to the treatment."

Provincial Hospital Reports.

LINCOLN COUNTY HOSPITAL.

HYDATID TUMOUR OF LIVER; PUNCTURE OF CYST; RECOVERY.

(Under the care of Mr. CHARLES BROOK.)

MR. S. MILLS, house-surgeon, has obliged us with the following notes:—

Sarah B——, aged twenty-three, single. Her general appearance is that of good health. Admitted August 12th, 1867. She was an in-patient of this hospital a year ago, when she was told she was the subject of hydatid disease of the liver, and was advised not to have anything done in the way of surgical treatment at that time. As the tumour had got larger and more inconvenient, she was recommended to come in again and have the tumour explored.

There is now a smooth projecting tumour of the right side, the seventh, eighth, and ninth ribs being pushed prominently forwards. The general surface of the tumour is uniform and smooth. It is perfectly dull on percussion, and on close palpation a sense of deep fluctuation is distinctly felt. The superficial boundary of the cyst is evidently limited to the convex surface of the right lobe of the liver. It is slightly tender on deep pressure. At times, she says, it is the seat of a dull aching pain and general uneasiness and inconvenience; otherwise it does not affect her general health, which is tolerably good. Has never been either jaundiced or dropsical. Has noticed her right side getting large and prominent for the last two years. Never had rigors.

On August 25th Mr. Brook punctured the cyst with a small-sized trocar and canula in the most prominent part of the tumour, and evacuated six ounces of clear fluid; afterwards withdrawing the canula and closing the puncture.

Sept. 6th.—No bad effects arose from the puncturing of the cyst; and as there was evidence of reaccumulation of fluid, it was determined to introduce a larger-sized trocar, and afterwards keep open the aperture for the purpose of draining off the contents. A large-sized trocar was accordingly pushed deeply into the cyst, and twelve ounces of turbid fluid, deeply tinged with blood, was withdrawn through the canula; the tract of the wound was plugged with a narrow strip of lint, and a large poultice applied over the side.

8th.—Slight suppuration from the wound. A small quantity of pus, containing two or three very small hydatid cysts, escaped on removing the plug of lint. No constitutional disturbance whatever; no peritoneal tenderness. Wound again plugged with a narrow strip of lint, and poultice to side continued.

25th.—The prominence of the side is gradually subsiding, the tract of the wound is contracting, and the discharge is very slight. No more of the little bladder-like cysts seen in the discharge for some days. Discontinued plugging the sinus with lint, as it gave her great pain, and the opening seemed inclined to contract naturally.

Oct. 21st.—The wound made by the trocar is now quite healed. The right side of the chest looks very little different from the left side, but still there is a slight difference, caused by the thickening around the ribs over the liver. She has now been out of bed for a week, walking about the ward with perfect ease in an upright posture; and, as she says, she feels perfectly well in every way. There is, on measurement, a difference of only two inches between the right side and the left; whereas before the evacuation of the cyst the right side was six inches larger than the left. Discharged cured.

AN official return supplied to the Registrar-General showed that in the first eleven days of this year the births were 214, the deaths 304, in the city of Rome, out of a population of 215,573: the mortality was, therefore, at the high annual rate of 46·9 per 1000 inhabitants.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 24TH, 1868.

DR. JENNER, VICE-PRESIDENT, IN THE CHAIR.

VASCULAR ULCER OF THE CORNEA.

MR. SPENCER WATSON related four cases of vascular ulcer of the cornea, treated by seton in the skin of the temporal region. He had now a considerable number of cases treated on this plan, and he believed that in such cases as resist the usual remedies, it is a resource of the greatest value. He had detailed notes of thirteen cases, in all of which marked improvement in the state of the cornea followed the application of the seton. He did not bring the cases forward as novelties, because the treatment of such cases by this method had been long practised by ophthalmic surgeons, but simply to draw attention to a most valuable remedy for a most intractable and sometimes most destructive disease of the eye.

Dr. HILLIER and Mr. THOMAS SMITH, referring to one of the cases related, were of opinion that no connexion had been yet shown to exist in children between photophobia and the existence of ascarides.

Mr. HULKE advised the use of less severe measures than the seton, such as local and constitutional sedatives, especially the repeated local use, night and morning, of solution of atropine. Tonics might also be added.

Mr. ROUSE preferred the use of belladonna to that of atropine, in consequence of the difficulty of obtaining a pure solution of the latter.

Mr. WATSON stated that the seton was only recommended as a last resource. He did not consider it a painful or troublesome remedy.

ACUTE RHEUMATISM.

Dr. WEBER narrated two fatal cases of the above disease, in which death was preceded by excessive increase of the temperature of the body. In the first case, that of a man aged forty-five, cerebral symptoms supervened on the twelfth day of the illness, the previous progress of which had been comparatively mild, although the patient had been more than commonly restless. During the evening of the twelfth day the restlessness increased, and he passed a large quantity of pale alkaline urine. Early next morning he became delirious, and finally comatose. This condition ended fatally in five hours, during which the temperature exceeded 108° Fahr.; his breathing was accelerated and stertorous; his pulse over 130 and hard, and the pupils without reaction. In the second case, the fatal symptoms set in and progressed in the same way, although death occurred somewhat more rapidly. Ten minutes after death the temperature in the axilla was 107·8°, and in the rectum 109·8°. In both cases, the character of the first sound of the heart, as heard at the apex, was altered. The principal pathological changes were, hyperæmia of the brain and its membranes, imperfect coagulation of the blood, recent fibrous deposit on and around the mitral valve, and hæmorrhages beneath the serous membranes. Dr. Weber expressed the opinion that in these cases the cerebral functions, after a short stage of excitement, became paralysed, and that the phenomena of intense pyrexia which present themselves are not the cause, but the effect, of this paralysis. In support of this view, he compared them with others recorded by Wunderlich, in which there was excessive rise of temperature before death in tetanus, and other fatal neuroses, and pointed out the striking resemblance of the symptoms to those of sunstroke. He further referred to the remarkable experiment of Tscheschechin, who found that after section of the pons at its junction with the medulla oblongata, the contractions of the heart and the respiration were accelerated, and the temperature raised. In his concluding remarks on treatment, Dr. Weber suggested, that all cases of acute rheumatism, in which there was more than usual restlessness, should be watched with special care. If the premonitory symptoms of danger were early recognised, particularly increase of temperature, a good result might still be hoped for from the use of the cold affusion, or of other means for lowering the temperature of the body, combined, perhaps, with the use of quinine in large doses.

Dr. SANDERSON related a case which had recently come under his notice, which he had no doubt was of the same

nature as those related by Dr. Weber, although it differed in some important respects. The patient, a female aged forty-five, became drowsy; two days later her drowsiness subsided into coma, which, in a few hours, ended in death. During her final period the temperature rose above 109°, the skin pungent, the respiration accelerated and stertorous, and the pupils insensible. After death, the blood was found entirely fluid. Dr. Sanderson concurred generally in the explanation of the symptoms offered by Dr. Weber.

Dr. MURCHISON, after referring to two cases, agreed in regarding the rise of temperature as the most important feature with reference to the pathology of these cases. He was not prepared to deny that that part of the nervous system which regulates the heat of the body is interfered with, but it appeared to him more reasonable to attribute this interference to the existence in the circulating blood of poisonous products of abnormally increased destructive metamorphosis of tissue than to suppose that the disorder was primarily neurotic. The state of the patients before death, and their mode of death, seemed to him similar to those often observed in malignant typhus, and when the typhoid state supervenes in other diseases, and he believed that the pathology of the two cases was the same.

Dr. ANSTIE drew attention to the fact that death occasionally occurs in cases of delirium tremens in a very similar manner to that now under consideration; and referred to a case of the kind in which the axillary temperature before death was 108°.

Dr. STEWART related several striking cases in which rapid prostration with stupor or delirium had occurred unexpectedly in the course of mild attacks of acute rheumatism, terminating fatally in a few hours. In the last of these the temperature shortly before death was 100·6°. He had no doubt that the other cases were of the same kind. In all, the blood was found perfectly fluid after death. He had further generally noticed that the cases which had terminated in this way were distinguished by suddenness of invasion, profuse perspiration, and abundant miliary vesicles.

Dr. MARCET pointed out that, whatever view might be entertained as to the remote origin of the increase of the temperature, it could only be regarded or understood as an expression of increased oxidation or other chemical action, and of impaired molecular life. On this ground a refrigerant mode of treatment was likely to be too depressing.

Dr. WEBER, in his reply, gave his reasons for believing that the cold affusion is by no means so depressing as is commonly believed.

FEMORAL ANEURISM.

Mr. COOPER FORSTER brought under the notice of the Society a case of femoral aneurism, the sac of which was ruptured. The artery was tied above and below the seat of the aneurism, and the patient recovered. Mr. Forster remarked on the failure of pressure in the treatment of the aneurism, which he attributed to the low diet to which the patient had been subjected for three weeks prior to any treatment. He had long been convinced that complete stoppage of the passage of blood through the vessel was the most desirable method, and most sure of success. After referring to the circumstances under which the rupture occurred, Mr. Forster stated that he considered that the operation of cutting into the sac, and tying both ends of the vessel, offered the best chance of rapid recovery. Whether the artery involved—viz., the femoral—justified a departure from the plan recommended in a corresponding condition of the popliteal, was the point to which he particularly drew the attention of the Society; for his own part, he believed it made exactly the difference in treatment, and for various reasons he concluded that the practice of amputation, which has been adopted in cases of ruptured popliteal aneurism, should not be used in the case of ruptured femoral aneurism.

In reply to Mr. Thomas Smith and Mr. Maunder, Mr. Forster stated that the symptoms of rupture of the aneurism were unmistakable, and that the blood escaping from the lower end of the vessel was of a bright arterial colour.

Dr. GREENHOW exhibited specimens of urine of a patient whose case will be communicated at a future meeting.

A committee was appointed to co-operate with him in the investigation of it.

THE "Pall Mall Gazette" states that Professor Owen was so indisposed as to be unable to deliver a lecture at the beginning of the week at Leamington.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 21ST, 1868.

MR. SIMON, F.R.S., PRESIDENT, IN THE CHAIR.

A REPORT by the Morbid Growth Committee on the Tumour exhibited by Mr. Spencer Watson was read by Mr. HULKE. It stated that the tumour appeared to originate in ossification of the deeper layers of the periosteum.

Dr. PEACOCK then exhibited an Aneurism of the Aorta opening into the right ventricle. The patient, a man aged twenty-five, had suffered from rheumatism, and appeared to be labouring under disease of the aortic valves. When admitted, there was some swelling of the face and extremities. After death, the aneurism was found to be connected with the aorta, at the junction of the right and left aortic valves. It did not rupture into the pericardium, although that was thinned. The pulmonary valves were nearly gone, and the opening, which had been formed not long before death, was close to the orifice of the pulmonary artery.

Dr. ANSTIE showed a specimen of Ulcerative Endocarditis, occurring in a man aged thirty, who came to consult him at the Westminster Hospital, complaining of pain in the chest. He had been a soldier, and was of a sallow complexion. He had no symptoms of rheumatism, but his breath was short, his cheeks slightly flushed, and he had symptoms of commencing pneumonia on the right side, and a loud bruit at the base of the heart. He was admitted as an in-patient under Dr. Bastian, and died in nine days. In the morning he was cheerful and improving; at night he was morose in the extreme; became comatose, and sank in a few hours. There was no trace of embolism in the brain, but the left side of the heart was enlarged. There were granulations on the aortic valves, and still more on the mitral, whilst an abscess in the inner wall of the ventricle opened close to the origin of the aorta. The spleen was enlarged.

Dr. MACKENZIE brought forward a very large Laryngeal Polypus, removed during life from an old lady who had completely lost her voice. It was removed at one operation, and was most likely attached to the posterior part of the right vocal cord. He also showed a specimen of Cancer of the Epiglottis. There were also in this patient two large cystic swellings on either side of the neck. Specimen referred to the committee.

Dr. CHURCH exhibited—

1. Two Cystic Kidneys, removed from a woman aged forty-one. She was brought into St. Bartholomew's Hospital half comatose. She had been hemiplegic. The vessels in the brain were atheromatous, and there were traces of old clots.

2. Diseased Aortic Valves from a man aged thirty, who came in complaining of pain in his limbs and left side. He died in the watercloset. The valves were found to be almost completely destroyed. A clot was attached to a remnant of one of them, and was also connected with a long clot in the aorta.

3. A similar heart, with a fibrinous clot in pulmonary artery. In answer to a query by Dr. Wilson Fox, Dr. Church said he believed this to have been formed during life, because it was tough and firmly adherent to the valves, and there was some recent clot also attached. Referred to Drs. W. Fox and Peacock.

4. A heart from an adult, weighing 3 oz. 1 dr. The patient, aged thirty-six, died from stricture of the pylorus. The body was not weighed.

Dr. PEACOCK remarked that it was the lightest on record.

5. Dr. CHURCH then proceeded to show a mass of enlarged Bronchial and Mediastinal Glands, taken for a tumour, supposed to be aneurismal. The patient died after expectorating a good deal of blood, which was found to come from ulceration of the lung.

Dr. MOXON showed, for Dr. Clifford Allbutt, of Leeds, two Tumours of the Pons Varolii. These, which are extremely rare, were, one a glioma, and the other villous in its structure. Also a Diseased Aorta the result of friction. A column-like rod extended from the corpus Arantii into the aorta, and ended in a hard point. An erosion of the wall of the vessel was observed at its extremity, probably caused by the motion of the valves.

Mr. W. J. SMITH showed some hairs, short and clubbed, removed from patients suffering from tinea decalvans. Spo-

rules of an undetermined fungus were to be seen at their free, brush-like ends. These were not found in all the hairs.

Mr. H. ARNETT showed an Aneurismal Dilatation of the Left Ventricle of the Heart, removed from the subject the day before. It had been taken by some for an aneurism. During life there had been a marked cardiac thrill. A large pouch, nearly filled with old fibrin, rising at the back of the heart, nearly encircled the organ.

MEDICAL SOCIETY OF LONDON.

JAN. 6TH, 1868.

MR. HENRY SMITH, PRESIDENT.

DR. DAY gave the particulars of a case of Fatty Tumour near the Anus. A gentleman had consulted him for irritation of the rectum, when on examination the swelling, which was as big as a hazel-nut, was discovered. It was at first thought to contain fluid, but on puncturing it its real fatty nature was ascertained. Dr. Day brought it forward chiefly on account of its rare position, and of its being an appropriate sequel to a case the President had exhibited of fatty tumour in the dorsum of the foot at a previous meeting.

The PRESIDENT exhibited examples of Foreign Bodies which he had removed from the Bladder, including a portion of tobacco-pipe and a glass tube from a male, and an ivory nail-trimmer which he had recently taken away from the bladder of a female with the lithotrite.

Dr. HEAD then read a paper on the

IMPENDING STAGE OF PULMONARY PHTHISIS.

After placing the physical signs in their supposed order of precedence, he submitted that they were in general sufficiently expressive to warrant the designation "the impending stage," or at least to mark a phase in the disease antecedent to tuberculisation, arising from lessened vitality in the lungs. To show that lowly organised structures should be the first to suffer in enfeebled states, he instanced ulceration of the cornea. He believed the physical signs were expressive of deterioration of the elastic tissue of the lungs, and saw no reason why such a condition should not be admitted as existing *per se*, or from general debility antecedent to tuberculisation. The author then spoke of the epithelial theory of tubercle, to which there is the fatal objection that tubercle is met with in organs devoid of epithelium. He concluded by saying that, if the theory of impending phthisis be tenable, there is much necessity for exercising the organs of respiration in the manner recommended by Sir Henry Holland, Sir J. Clarke, Dr. Edward Smith, and others.

In the discussion that followed, Dr. Thorowgood, Dr. Greenhalgh, Dr. Gibbon, Mr. Francis Mason, and Mr. Walter Coulson took part.

Reviews and Notices of Books.

Physical and Medical Climate and Meteorology of the West Coast of Africa, with Valuable Hints to Europeans for the Preservation of Health in the Tropics. By JAMES AFRICANUS B. HORTON, M.D. Edin., Staff Assistant-surgeon of H.M. Forces in West Africa, &c. 8vo, pp. 321. J. Churchill and Sons. 1867.

DR. HORTON has done good service by the publication of this book. It is to be regretted, however, that its merits are in a large degree hidden by a mass of superfluous matter. Dr. Horton was very ill-advised to overlay his own special information upon the subjects of which he treats with rudimentary teachings concerning sundry meteorological observations and phenomena, culled from works easy of access. It is difficult to believe that even the West African colonist can need these teachings, or be debarred from proper sources of knowledge regarding their object. They detract from the merits of a work in other respects of considerable interest and value. In a subsequent edition, Dr. Horton would do well to omit these unnecessary details, and he would do better if for them he would substitute a map of the localities which he describes.

Dr. Horton treats in succession of the meteorological phenomena and physical geography of the different colonies on the West Coast of Africa, of the seasons apart, of the climate in its medical relations, and finally, he gives a series of hints for the preservation of the health of Europeans in tropical climates. Dr. Horton is a native of Sierra Leone, and he writes with a large experience of the subjects which he discusses. It would be impossible to follow him from point to point. It is practicable, indeed, to dip only into the multifarious details of his work, and touch upon a few of the more noteworthy.

It is deplorable (although not peculiar to West African colonies) to read in what fashion naturally unhealthy localities have been made more unhealthy by the want of forethought on the part of the colonists. But Dr. Horton applies, very happily, to this condition of things, the teachings of experience in temperate as well as tropical climates. For instance, he urges, with much judgment, the need for the appointment of medical officers of health in the different West African colonies; and, taking a hint from Sir Ranald Martin, he says of Sierra Leone that:—

"It is one of the most healthy spots on the whole western coast of Africa. The high and lofty peaks invite, but in vain, the inhabitants of the low steam-vapouring Freetown, and point out the spot which nature designed them to inhabit. They call upon them to plant villas everywhere on the numerous platforms, and to retire there after their business is over; but all their warnings are in vain. So long as the merchants will not occupy the hills; so long as they will continue to sigh for gold, unregardful of their health; and so long as the local Government will still continue to persist in disregarding that essential element for improving the health of the town—namely, sanitary reform,—so long will the European and native population show a heavy yearly mortality."—p. 82.

The following uncomfortable description of the harmattan—which blows from the E. and N.E. in Senegal, Gambia, and Caramanza; from the E.S.E. in Sierra Leone; from the N.E. on the Gold Coast; and from the N.N.E. at Lopez—deserves quotation:—

"It is generally accompanied by a thick fog or mist, extending out at sea in some cases to three leagues, which Baron Roussin considers to be sand in extreme fineness, and not inaptly compared with the characteristic London fog, differing, however, from it in its physical effect upon the system. An idea of the nature of the fog may be obtained from the fact that in the height of the season the sun at near noon might occasionally be seen through the fog as white as the moon. One great peculiarity of this wind is that of extreme dryness. All nature seems to feel this effect. The ground is dry, parched, and cracked in various places; the grass withers; trees lose their green foliage; chinks are opened in the roofs of houses; the doors and windows become dried up, forcibly split, and cannot properly fit; the furniture made of the most seasoned wood loosens, warps, and cracks audibly; books bend concavely; wineglasses and tumblers forcibly crack on the sideboard without the application of any violence. In the human body it produces great dryness of the throat, a sensation of thirst, which is to relieve the parched or dried-up pharynx; the lips are chapped, and bleed occasionally; the surface of the body crisps, and the whole system suffers from great uneasiness."—p. 200.

Dr. Horton contributes some interesting information concerning the meteorological states which preceded the outbreak and accompanied the declension of yellow fever at Bathurst, River Gambia, in 1866. The commencement of the monsoon in the month of May and in June is almost invariably accompanied by much thunder, lightning, and tempest; but, in 1866, there was neither tornado nor thunder or lightning. For several successive months there had been little thunder and lightning; and the quietude and heat of the weather told most disastrously on the atmosphere, aggravating its impurities to the highest degree. The wind at this time was blowing over an extensive mangrove swamp, "scarcely less dangerous than the classic Pontine marsh: the rank vegetation was just growing; the ebb tide left among it and the aërial roots of the mangroves deposits from the sea and river; the burning heat, with the little rain, favoured the exhalations from the alluvial

soil of which Bathurst is composed; a greyish or bluish haze, unaffected by the wind, overhung the colony." Under these circumstances yellow fever broke out. About the beginning of September an entire change of the meteorological state took place. The thermometer fell, the haze dispersed, rain fell plentifully during the earlier days of the month, and on the 12th a tremendous thunderstorm, without rain, completed, as it were, the purification of the atmosphere. Contemporaneously with these changes, yellow fever declined rapidly, and was succeeded by mild remittent fever.

Dr. Horton's book will prove of value to all who are interested in the health of the West African colonies; and it will be most useful as a work of reference.

THE DELHI BOIL OR SORE.

WE have been favoured with a view of some photographs of patients suffering from this affection taken by Deputy Inspector-General Dr. Murray, of the Indian service, from which we have made the accompanying sketches. An officer of the Royal Artil-

lery has likewise very courteously forwarded us a communication in which he speaks of his personal observation of the disease known as *Delhi boil* or *sore*, and its cause. He suggests that phosphorus or some of its compounds may have something to do with its production. He was led to entertain this idea from

noticing the similarity between these boils and the ulcers on the hands of a chemical assistant, occasioned in the first instance by a slight burn (on another part of the hand) received from ignited phosphorus dissolved in bisulphide of carbon; and from the fact that sores of this kind are said frequently to break out among the workmen of the Woolwich Arsenal more than a year after phosphorus has been received into the system. He adds that the Delhi disease was quite unknown before the mutiny.

We propose to lay before our readers a few facts connected with this subject by way of answer to this communication. The disease is neither of recent origin, nor is it by any means confined within such narrow geographical limits as its name would indicate. It has been known to the inhabitants of Delhi for generations under the name of "Arungzebe," after an emperor who was said to have suffered from it. The reason that the date of the mutiny was assigned as its origin arose in this way. Before that time European troops were stationed at the old cantonment, some two or three miles from Delhi, and separated from the city by a ridge of igneous rock. After the mutiny the troops occupied Delhi itself, and evacuated the cantonment; and as the affection prevailed in the city alone, they then first became exposed to it. This disease attacks a very large proportion of the troops stationed there, and the natives suffer in an equal if not superior degree. Adult residents, however, whether native or European, are seldom attacked by it, and probably for the reason that they have already paid their tribute, children being frequently affected. It is a very curious fact that at Delhi the disease occurs almost exclusively in the city, not appearing in the villages in its vicinity. But it is known in other parts of India, as in Scinde, where it is said to be frequently complicated with scurvy; it is common also at Muttra, Agra, Lahore, and Mooltan. At Aden, moreover, this form of sore appears; and it is there occasionally complicated with hospital gangrene. It is probable also that the *Biskra button*, described by Dr. Paynter in his report on the Sanitary Condition of French Troops serving in Algeria as prevailing in different parts of that country, and particularly at and around Biskra, is either perfectly identical with or very closely allied to the disease in question.

The characters of this disorder are peculiar, and it is very unfortunate that the name of Delhi boil has been given to it, for it is not restricted to that place, as we have seen, and it is not a boil at all. What we understand by a boil is a localised inflammation of an acute kind, accompanied by degenerated or dead material in its centre. The Delhi boil is quite a different affair. It is not, in its origin, a highly vascular inflammatory affection. It commences as a small wart or pimple, and may continue in that condition for some months; then, after it has gradually increased in size and thickness, and assumed the tubercular character, which constitutes the second stage, it becomes, lastly, an ulcer of an obstinate kind. Assistant-surgeon C. H. Godwin, Royal Artillery,—a very trustworthy observer, who enjoyed considerable experience of this disease during the time he was quartered in Delhi, and from which place he has just returned,—has given us some interesting information. He says it is a peculiar form of skin affection, and he makes two varieties of it. Its first appearance seldom attracts any attention, owing to its not being attended with inflammatory action or inconvenience beyond a little itching perhaps. The skin looks warty, and in extreme cases quite lumpy or tuberculated; it often scales upon the surface, so as to resemble the epidermis in a patch of psoriasis; it then discharges a little ichor, which dries into scabs; and this process is repeated until, the scab being removed, a large ulcer, destroying the true skin, is found beneath. The ulceration generally commences about the centre, and the scab usually becomes elevated above the surrounding skin, as in syphilitic rupia. As the ulceration extends, the part becomes sensitive when exposed, and excessively so if the weather be cold. After a certain time, extending over several weeks or even months, the sore commences to heal rapidly from the centre. Sometimes while a reparative process is ensuing in this part a de-

structive action is continuing around the periphery of the sore. It is not a dangerous disease, but a very intractable and disfiguring one. The parts most frequently attacked stand in the order enumerated—namely, the backs of the elbows, forearms, backs of hands and fingers, ankles, legs, face, thighs; rarely the trunk of the body; and never, we believe, the scalp. There is no constitutional disturbance, the health, as a rule, being good.

The causes of this singular disease have not yet been accurately determined. Some have ascribed it to a scorbutic diathesis, particularly in Scinde; others think the excess of nitrates in the waters the cause, but this does not explain the fact, because drinking water may contain a large amount of these salts without inducing the disease; others think it due to the organic matter present in the Delhi waters in such enormous quantities; some conceive that there is organic matter of a specific kind, which has never yet been isolated in consequence of its instability rendering it prone to change or destruction during the process of chemical analysis; and lastly, many think it due to the presence of some parasite, vegetable or animal, and that it is contagious; but these points have never been proved. Dr. Murray succeeded, we believe, in successfully inoculating it; but others have failed, and it was doubtful whether the positive results were identical with the original sore. As flies abound in the great confectionery manufactories of Delhi, these might be vehicles for carrying contagious fluids if it were readily inoculable; but the fact that it often affects parts which are not exposed, such as the thighs, &c., is against this idea. Mr. Godwin appears to hold that it is due to some deleterious matter in the water or food, leading to a gradual poisoning and deterioration of the blood, of which the sores are the effect. Some regard the disease as simply due to the operation of an insanitary mode of life, and the increased physiological action of the skin in hot climates.

There are some facts which render it probable that Mr. Godwin's explanation may be the true one. It generally makes its first appearance after a residence of three months, rarely before, but at any subsequent period, thus giving time for the gradual operation of a constitutional cause. Children at the breast suffer, and especially when their mothers are affected; but the rule is not quite invariable. Persons having one sore usually have more; but when all have healed, the individual is not commonly liable to a recurrence. Moreover, two patients suffering from bad sores contracted small-pox, and whilst they were ill of this disease their sores rapidly healed, though they had previously shown no disposition to do so. Microscopical examinations of the discharges have hitherto been attended with negative results; and lastly, if the affected part be thoroughly destroyed, even in a somewhat early stage, the disease reappears subsequently in or about the cicatrix. If the cause were a parasitic one, we should expect that such local measures would be successful.

The extent and relative prevalence of the disease among different classes may be judged of from the fact that Assistant-Surgeon Godwin's battery, stationed at Delhi, yielded for the year the following number of attacks:—25 per cent. of officers; 83·2 per cent. of non-commissioned officers, gunners, and drivers; 59 per cent. of women; 52 per cent. of children.

For those interested in the matter, we may refer to the Special Report of the Medical Committee on the subject; the Report of the Bengal Sanitary Commission, 1866; Dr. Fraser's paper in the Army Medical Reports, 1860, page 452, to Dr. Paynter's paper in the last volume of those Reports; and to Dr. Fox on Skin Diseases, page 180.

POLLINI'S REMEDY.—An attempt is now being made in London to recommend this antisyphilitic remedy. Pollini's secret nostrum will not find support in the profession, in spite of the book now circulated containing cases under the care of some well-known men in various parts of Italy. Some pharmacological books give the composition of these powders, but M. Gasparini declares that all these receipts are very different from the true remedy.

PRESENTATION.—The members of the Metropolitan Order of Odd Fellows at Belper have presented a parti-coloured marble dining-room clock, bearing the following inscription—"Presented to Dr. Gaylor, by the members of the Metropolitan Order of Odd Fellows, at the inauguration of the Widow and Orphans Fund, through whose efforts the Fund has been established."

DR. EDWARD SMITH'S REPORTS ON THE TREATMENT OF THE SICK IN SELECTED PROVINCIAL WORKHOUSES.

WE propose to notice with some minuteness the individual reports of Dr. Smith on particular workhouses, which form the basis of the general report upon which we commented last week. As, however, there are no less than forty-seven of these documents, it is of course impossible for us to analyse them all; we shall therefore confine ourselves to those which afford some distinctive features, either good or bad. A very useful plan has been adopted by Dr. Smith, of annexing to his own report on each workhouse a copy of the last report on it by the inspector officially attached to the district.

The Birmingham Workhouse is of immense size, the number of inmates being 1352; and the principle of classification has been carried out far more fully than in most provincial workhouses. There are a detached infirmary for general cases, a detached building for epileptics and insane, detached itch wards, separate male and female venereal wards, and wards for the bed-ridden, the consumptive, and the lying-in cases, also a detached hospital and other separate wards for children. The sick vary from 600 to 700 in number, and for the whole of this vast establishment, including such a multifarious collection of different cases, there is only one medical officer. This gentleman is resident, is paid £350 per annum, with house, servants, fire, light, and washing, and declares that he is content with his position, and can do all the work. We have no doubt of his energy and ability, and it is evident, from the comparatively creditable state of the establishment, that he works very hard. But no outsider, who knows what the work of large hospital establishments really is, can believe that the whole of these 600 sick are properly attended to, even granting the chronic nature of a large number of the cases. The mere seeing after the nurses, and taking care that they do their duty, would occupy pretty nearly the whole of one medical man's time, more especially as this workhouse, being in a great city, is, amongst other things, a receptacle for acute cases of contagious fevers.

The Birmingham Workhouse is undoubtedly one of the best managed of all the provincial workhouses, and it is therefore instructive to see how the want of any organising principle in workhouse management has displayed itself here. The wards are not, on the average, overcrowded, according to the stinted ideas of necessary cubic space which the Poor-law Board till recently sanctioned. But the instance in which the overcrowding reaches its worst amount is a very serious one indeed, for we find twenty-five *insane* persons in one ward, with an allowance of only 429 cubic feet each. It is but right to observe, however, that the guardians are about to spend no less than £40,000 in enlarging their workhouse; and the only thing which can now be wished is that there may be some intelligent and skilled supervision in the spending of so much money; for instance, that the mistake of building fever wards side by side, so as to have only one row of windows, may not be repeated.

We must mention, to the honour of the Birmingham guardians, that they supply all drugs, at a cost of about £400 a year, and provide a paid dispenser; also, that they allow the resident medical officer to call in the advice of eminent medical men in specially difficult cases, paying a consultation fee of £2 2*s*.

We pass from Birmingham to Birkenhead, another urban workhouse, but with a comparatively small population, there being only 353 inmates, of whom but 45 were at the time of the visit strictly speaking sick. The sick population is, nevertheless, important, as there is always more or less fever included in it. Besides, the number of sick is often very much

higher than that above mentioned, and as many as 110 beds are provided in the sick wards. Although this workhouse is of recent construction, and has a detached hospital, the entire building does not appear to be constructed on a good plan, and Dr. Smith reports that the ventilation is defective. Still more serious faults are found in the furniture and management of the wards. The beds are universally of straw, and without any mattresses; there are no arm-chairs nor rocking-chairs; no prints, illustrated papers, nor amusing books; no air-beds nor water-beds; no macintosh sheeting for dirty cases. There are two paid nurses, man and wife, who look after the administration of medicines during the day; but no paid night nurse, although there are always fever cases requiring the night attention of a responsible person. The sick who cannot get up are washed in a bucket, which, with a towel, is brought up into the wards daily! Now, one could hardly suppose that arrangements like these could escape the severe censure of the official inspector of the district; and, accordingly, we turned with some interest to the remarks made by that gentleman at his last visit before that of Dr. Smith. Our interest was still further heightened when we discovered that the inspector in question was no other than Mr. Andrew Doyle — that official whose indignation was so strongly excited by the suggestion, arising out of our Commissioner's report on Walsall, that he had somewhat failed in his duty at the latter workhouse. Well, here at last we get a genuine report of Mr. Doyle's, on a workhouse which contained abuses of a very serious kind in the management of the sick. Of not one of these abuses does he make the slightest mention; on the contrary, he says that the provision for the sick and infectious cases is "sufficient;" and under the heading which is provided (at the end of the printed forms) for the express purpose of enabling the inspector to state any matter requiring notice, which does not conveniently fall under either of the specified heads of inquiry, he makes the simple entry—"*Nil!*"

As we are on the subject of the workhouses of provincial towns, we may as well pass next to the report on Wolverhampton—a workhouse which, like Birkenhead, is not merely urban, but enjoys the advantage also of Mr. Doyle's supervision. Our readers will remember certain defects which our Commissioner pointed out as existing there, and the unqualified manner in which the guardians contradicted his statements. On turning to Dr. Smith's report, we find that numerous defects are noted. There are great defects in ventilation, and the whole construction of the house is clumsy and inconvenient. The waterclosets are reported to be so arranged that the foul air passes into the wards. There is but one fixed bath for the lunatics of both sexes, and only one or two movable baths for the sick. There are but two paid nurses (man and wife) to 160 sick, and two paid attendants on the 70 lunatics; but there is no paid night-nurse, though there are always serious cases demanding skilled attention. The medicines and stimulants are given by pauper nurses, and Dr. Smith remarks that "it is not possible to believe that this staff is sufficient." There is very great overcrowding; for, of the 31 wards of which a table is given, no less than 22 provide less than 500 cubic feet per bed, and two of these (boys' wards for head and skin diseases) provide less than 400 feet. Yet Mr. Doyle has absolutely nothing to say but in approval, except that he observes that the guardians are going to build a fever hospital, "which will render the accommodation for the general sick and for infectious cases sufficient." We will now diverge for a moment to a workhouse of a different class to the preceding—that of Ruthin, which contains only 95 inmates. Here we find that Mr. Doyle was quite satisfied (Nov. 16th, 1866) with the arrangements, barring a trifling uneasiness which he manifests at the fact of the infectious wards being placed in the body of the house. And yet we find, from Dr. Smith's report, that the sick are washed in an iron bucket at Ruthin; that there is no paid nurse; and that the medical officer gets £25 a year and provides all drugs.

To return to the subject of the workhouses which represent a more or less urban population, we may next notice the case of Nottingham. Here we find very great overcrowding, the 25 sick wards only affording an average cubic space of 451 feet per bed, and one ward for infectious disease actually giving no more than 330 feet; whilst the subsidiary means of ventilation are insufficient. Scarlet fever cases were noticed in a ward with other children. There are but two paid nurses to 80 lunatics, and two others to the remaining 300 sick upon the medical officer's book. The medical officer, who devotes his whole time to his duties, receives only £150 per annum, but it must be added that the guardians find all the drugs and provide a dispenser. The surgeon appears to have expressed the singular opinion that night-nurses "are not really needful" in this large establishment.

Ipswich Workhouse is an establishment of more moderate size, containing 362 inmates; and the population which it supplies has a large infusion of the rural element. The state of things is very bad here, the worst feature noted being the utter unfitness of the buildings for the lodgment of sick persons. We will just quote a couple of paragraphs from Dr. Smith's report, to show the state of things which is met with here:—"There is a newly erected and detached hospital for men and boys in the rear of the main building. On the ground floor there is a very narrow passage, from which closets, bath-room, boys' sick ward, day room, and a room for foul cases are entered. The whole of the floor above is occupied by one long ward, having a long range of lantern-lights, which may be opened or closed at will, and windows on one side. The whole of this is open to the roof, and although there are three fireplaces, it must be difficult to keep it warm in cold weather. Fever cases have been placed in this building. There is also a small ward on the side, holding two beds, in which two pauper attendants sleep; and there are waterclosets, allowing the air to pass from them into the wards." Again: "There are no water-beds, illustrated periodicals, or macintosh sheeting, whether with or without funnels, and in general there is a deficiency of furniture. There are no ventilators in the ward for dirty cases, but there are a few in the ceiling, or in the walls, in the main building. There are none in the detached infirmary, except the windows or lanterns. Generally speaking, improvement is required. In a few places an opening exists over the doors, which is capable of being closed with a shutter." It further appears that the nursing is thoroughly unsatisfactory, owing chiefly to the inconvenient and scattered character of the buildings. It is mentioned that itch and venereal cases are treated in the same ward. In fact, as far as regards badness of construction and deficiency of medical appliances and comforts, Ipswich seems to be little better than Farnham on a large scale. Here, again, the report of the inspector of the district is interesting; not in itself, assuredly, but from the ludicrous contrast it offers to the real state of things. Sir John Walsham, into whose territory we have now entered, expresses some doubt whether, in certain emergencies, the house might not prove too small for the needs of the union (at the moment of his report there were three wards, affording only 454, 463, and 388 cubic feet per bed respectively), but remarks that the present management is excellent. In answer to the query whether the provision for sick and infectious cases is sufficient, he modestly "hopes so"; unless, indeed, we are to have 1000 and 1200 cubic feet allowed in workhouse wards. Not one word of complaint about the numerous defects above mentioned.

At the Barham Workhouse of the Bosmere and Claydon Union we find a more purely rural workhouse, with only 122 inmates, of whom no more than 25 are sick. The defects at this workhouse are less serious (as the paid nurse can easily give all the medicines and stimulants to the ordinary sick), with the exception of the inconveniently distant situation of

the detached infectious wards. It is feared that the nursing of the patients here must be too much left to pauper nurses. But there really is not a great deal, apparently, for an inspector to say in his report, and it is amusing to see how this state of things affects Sir John Walsham's mind. In the space left for "observations not falling under any of the preceding heads" he enters this remark, which we venture to say would not have fallen into any head, preceding or otherwise, except Sir John Walsham's:—"There have been some fresh cases of cattle plague within the last month declared in this union"!! We have heard, on high authority, of a class of men whose "talk is of bullocks," but we really never expected to find a Poor-law inspector confounding paupers with cows.

If we take an excursion, now, into Mr. Hawley's inspectorial district, we come to another example of the genuinely rural workhouse at Alderbury, near Salisbury. It is a little place, with only 86 inmates, and 23 sick; and one can easily understand that it seems too inconsiderable a house to be worth taking much trouble about. Anyhow, Mr. Hawley has nothing to express in his report but perfect satisfaction with all things. Yet we learn from Dr. Smith that at Alderbury the sick women sleep two in a bed, that the female *venereal* cases are only allowed cocoa-fibre mattresses, and not beds or sheets, and that they have *no washhand basin*; that there are no ventilators in the infectious wards, which have only one row of windows; no paid nurse; in short, as Dr. Smith mildly says, that "there are many defects in this workhouse." Were there but a few actively bad qualities in one or two of the officials, it is plain that here, again, we should have the materials for another Farnham; and it must be merely accidental that this is not the case, when the guardians are so obviously without any knowledge of the commonest needs of the sick.

We now come to a workhouse which represents a very different kind of population from that which sends inmates to the houses already mentioned. At Portsea Island Workhouse (also in Mr. Hawley's district) we find a large and semi-nautical population. The workhouse contains 1475 inmates. There is a large detached infirmary, and generally a good deal of pains seems to be taken about classification. One is delighted to be able to quote such a passage as the following:—"A separate cooking kitchen, in which all the food required by the sick is cooked, is found in the infirmary. The bedsteads are of iron, with iron laths; and the beds of straw, feathers, or hair, with a straw mattress. They are full and good, and the bed-carriages are sufficient. There are cupboards, upon which the cockery and other utensils are displayed; tables, chairs, benches, books, illustrated periodicals, &c., in the several rooms. Eighteen small and five roller towels, with soap, four combs, and washhand basins, are furnished per ward with seventeen beds. There are also feet and chest warmers, waterproof sheeting, prescription papers at the bedhead, and all requisite medical and surgical appliances." There is one great defect—namely, that there are no paid nurses; and it would appear that the very exceptional trustworthiness of the numerous pauper nurses must be due to the influence of a matron who seems particularly energetic and clever—a fact which is highly suggestive. On the whole, we may say that the complacency which distinguishes Mr. Hawley's report on this house is, for once, not without some justification. He does not say a word, however, about one defect which is of real importance. So closely crowded are the beds, that in no less than eight wards the cubic space is much under 500 feet.

In Mr. Farnall's inspectorial district probably the most important workhouse is Sheffield, and here we are glad to see a much more lively appreciation of facts by the inspector than is usual in his order. The number of inmates is 844, and of these 288 are actually sick. The building appears to be old, wretched, incongruous, and very badly situated, in a low damp place. Both Mr. Farnall and Dr. Smith condemn its miserable site, its cold stone floors without matting in many wards, and the insufficient number of paid nurses. A characteristic incident in the annals of local self-government is afforded by a remark of Dr. Smith's—that the majority of the guardians dare not incur the expense of erecting a new workhouse, though they know that the present one is utterly unfit for its purpose, for fear of offending ratepayers and being turned out on the next election. It would be a curious thing to know what is the strong inducement which renders these gentlemen so tenacious of their offices.

We meet with Mr. Farnall, again, at Grantham; and here, also, we are glad to observe that official inspection means something serious. Mr. Farnall finds fault with brick floors, bad privies, damp itch wards, close and unwholesome lying-in wards, &c., and makes a considerable list of requisitions for medical comforts; and Dr. Smith, coming after him, reports on very much the same defects, the majority of which must, we suppose, have existed unnoticed, officially, before Mr. Farnall's arrival in the district.

In Mr. Cane's district, also, we find evidence of a superior inspectorial insight to that which we are accustomed to; and it would be very unjust not to acknowledge this. At Leeds, for instance, there are a great many defects in the workhouse, and though Mr. Cane's report seems to have been made independently of that of Dr. Smith, yet the complaints of the latter substantially agree with those of the former gentleman. Mr. Cane condemns waterclosets, ventilation, the insufficiency of the nursing staff (particularly the absence of night nurses, properly so called), the disgusting scantiness of the towel supply (one to each ward of 8 to 14), overcrowding, want of classification, &c. In this instance the local inspector visited with Dr. Smith; but at the Bridge-street (Manchester) Workhouse Mr. Cane had reported before the visit of Dr. Smith. This is an enormous "hospital and infirmary," as Mr. Cane justly calls it. Out of 1319 inmates, no less than 830 are actually sick, besides the merely infirm: we recognise here that we are dealing with a crowded city district. Mr. Cane seems properly alive to the importance of this sick population, and he makes one remark which we think is sagacious. He states (among many observations complimentary to the general management, however) that the quantity of wine and spirits and beer ordered seems very small. Dr. Smith appears, on the other hand, to make this a special merit of the place; and we must confess that here we are inclined, so far as an imperfect information extends, to agree with Mr. Cane rather than with Dr. Smith. It would at least seem from Dr. Smith's own tables, that the number of patients likely to require (according to ordinary medical notions) considerable quantities of stimulants is very large in this workhouse.

Of one thing we are certain with regard to this infirmary. It is quite impossible that one visiting medical officer, and one resident, can really do the work with thorough efficiency; and we cannot help suggesting to Dr. Smith and Mr. Cane, that any *single* visit, even of several hours' length, to an establishment of so large a size, can never give a thorough insight into the real state of things. On the whole, however, it is obvious that the Bridge-street (Manchester) Workhouse and infirmary are liberally and intelligently managed. But this is only what we should expect of a Manchester board, remembering the extraordinary and far more successful efforts of the Chorlton guardians (in the immediate neighbourhood) in the direction of workhouse infirmary reform.

THE following bequests to charitable institutions are announced under the will of Mr. Aimès, of Clevelands, near Lyme Regis:—To the Bristol General Hospital and Infirmary, each £1000; the Blind Asylum, Bristol, the Deaf and Dumb Asylum, Exeter, the Devon and Exeter Hospital, and the Royal Free Hospital, Gray's Inn-road, each £500. Under the will of Mr. Alexander, of Gibraltar, several institutions receive bequests, amongst them the Civil Hospital, Gibraltar, 200 dollars.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 1, 1868.

IN our illustrations of the working of the medical department of the Poor-law system, and in our various reflections thereupon during the last two years, we have, for obvious reasons, given only a subordinate place to a monstrous fault, which must be amended if any satisfactory improvement of the medical attendance of the poor is to be effected. The fault to which we allude, and to which it is our present purpose to give prominence, is the absurd under-pay and overwork of the medical officers. It was seemly that the defects of the system should be studied, in the first instance, apart from this circumstance. At least, it was not for us to be hasty in putting forward and in magnifying this grievance. But we may now take for granted that we shall have credit for disinterestedness in exposing this feature of the Poor-law system. At any rate, we do it as much in the interest of the poor as in that of their medical advisers. Whatever is worth doing is worth doing well; and if the nation undertakes the medical charge of its sick poor, it should be on such terms as will consist with its being done at least with some approach to decency and efficiency. A really good machinery for the proper and prompt treatment of the out-door sick poor would be a most valuable improvement upon the existing system, which must owe any efficiency it possesses to the mere humanity of its medical officers. But even humanity is not able to accomplish impossibilities, and accordingly there ever and anon happens the most serious neglect of the poor. A very sad case of this kind lately occurred. The simple facts of it are so graphic, and so vividly expose the impossibilities that are at present expected of Poor-law medical men, that we insert at length the newspaper version of the case:—

"On Friday, the 24th ult., an inquest was held at the Market House, Poplar, on the body of Caroline Siddle, aged forty-five years, the wife of a painter, living at 45, Augusta-street, Poplar. She had been a healthy woman all her life; but being seized with a sudden illness on Tuesday week, an order for the parish doctor was got the next day. A boy of eighteen visited the deceased, and prescribed for her. He saw her again on the following Saturday; another gentleman saw her on Sunday; and on Monday she died.—H. Stanley Gale, M.B., the parish surgeon, said there were 120 parish patients to be visited at their own homes, and over 400 to treat at his surgery. He had two assistants, neither legally qualified. The salary (added the doctor) is £105 a year, and the medicine is to be found out of it. I remonstrated with the board of guardians, but without result. I then wrote to the Poor-law Board; and they sent an assistant for a short time.—Dr. James Edmunds said that the deceased had died from strangulated hernia. The intestine might easily have been relieved by an operation, and thus the woman's life saved. The amount of work cast upon the parish medical officer was altogether overwhelming; and the £105 a year would not pay for the necessary medicine for 600 patients—a number greater than that of all the sick in the London Hospital.—Dr. Gale said that he had written to the Poor-law Board to say that he was sure some accident of this kind would happen. The day this woman died thirty-two fresh orders came in to him. He would have seen the deceased himself if he had not been engaged visiting cases that he believed to be more serious. The stricture [hernia?] was so small that it could hardly be detected. The jury returned a verdict—'*That the deceased died from strangulated hernia; that her death was accelerated by the want of properly-qualified medical attendance; and that the board of guardians are to blame in requiring the parish surgeon, Dr. Gale, to attend and supply medicine to so many more patients than he can personally see and prescribe for, while they pay him so small a salary that he is not able to employ properly-qualified assistants to help him.*'"

We have italicised the verdict, as at once most creditable to the jury and as most clearly expressing the lesson of this case. No doubt it is a painful one to Dr. GALE; but we cannot but be glad that it happened in the practice of one so able to state the explanation of it, and whose professional standing as M.B. of London and formerly assistant house-surgeon of King's College Hospital goes to show that the very best servants must fail to do impossibilities. One hundred and twenty parish patients to see at their homes, and four hundred to treat at the surgery of the medical man! Thirty-two fresh orders reached Dr. GALE the day Mrs. SIDDLE died! And all this, and medicines besides, for £105 per annum! Well might Dr. GALE, in his remonstrance with the Poor-law Board, forecast a misfortune like that which has just happened; and well might his work be described as "overwhelming," and the sum he receives for it as "insufficient to pay for the necessary medicines." What else could Dr. GALE do but see as many patients as he could, and remonstrate with the authorities? He did both. The employment of a qualified assistant by him was out of the question. He remonstrated with the guardians without result. He then tried the Poor-law Board, and they sent an assistant "for a short time." All the time he went on seeing what he thought the worst cases. Can there be a doubt, then, that the jury came to the only just verdict when they fastened the blame of such a sad occurrence as this death on the guardians, for requiring such impossible services for such miserable pay. Of course we shall be met by the argument that medical men take these salaries. But that is a poor argument. Medical men must do the work to be done, and take what they can get for doing it. We are not trades-unionists. We, in the last resort, should have to attend the poor for nothing. And it is but fit that the profession should have shown a willingness to work under the Poor Law for the smallest remuneration consistent with reason and duty. But in such a case as Dr. GALE'S there must have been an entire absence of profit. And now that the utter unreasonableness of such pay has been demonstrated, and neglect and death have been the clear effect of it, it must be augmented. It is vain to think that Dr. GALE'S case is an exceptional one, or that CAROLINE SIDDLE'S fate is a very exceptional consequence of the Poor-law medical system. There is reason to think quite the contrary; and it is high time that something should be done so as to make it possible that the poor should have proper and prompt assistance.

And now it remains to inquire what is being done by the Poor-law Board to remedy this grievous state of things. The Metropolitan Poor Act passed last year held out promises of a cure for the overcrowding of sick in workhouses by the provision of a system of public dispensaries, which should secure efficient medical attendance, advice, and medicine for the sick poor in

their own homes. An elaborate system of management was also provided, and we should like to know whether there is any real intention to set it soon at work. As yet, we believe, no Poor-law Dispensary has been established, and the whole out-door system of medical relief at this needy and trying time is in the same position as before the passing of Mr. HARDY'S Act. Nay, we have reason to believe that very serious obstruction has been raised by the Poor-law Board to the introduction of this most promising and useful reform—by a declaration that there is no power to annul existing contracts between the medical officers and their employers, the guardians. We can scarcely believe that the difficulty is with the medical officers, who would undoubtedly be greatly relieved if the medicines were found by the guardians, and whose general position cannot be worse than it is. Nor can we suppose the guardians unwilling to carry out the law, several boards having already taken the subject into consideration. At Stepney the question of medical officers' salaries was postponed on account of the difficulties raised by the Poor-law Board. This Board will incur a heavy responsibility in not calling upon the guardians, as it is clearly empowered to do, to provide Dispensaries, and dictate such details as will ensure proper salaries for the medical officers, and efficient treatment for the poor. If it does not do so, or does so indolently, then the responsibility of such cases as that of CAROLINE SIDDLE will rest, in future, rather with it than with the guardians.

THE Address of the President of the Medical Teachers Association, which we published last week, is too important a document to be allowed to pass without ample comment and examination. Mr. SIMON has so ably enforced those charges which we have again and again during the last few years brought against the College of Surgeons and its Council, that we really begin to have some hope of producing an effect upon the obdurate officials and pachydermatous seniors of that misguided corporation. What answer can the Council give to the charge that "it has treated the examinerships in its gift as mere lucrative perquisites of its own body, best to be divided among its own members; and, with scarcely an exception, the ten oldest members of the Council have been the ten examiners of the College, sharing among them the payment described"?

"But think, gentlemen," says Mr. Simon, "what the mischief must have been in relation to the sciences of our profession that, during this period of unexampled scientific progress, persons in the fourth and fifth vicenniads of life have been empowered to settle, according to their own dim lights, what should be the standard of scientific proficiency for men first entering the medical profession! And this state of things—this utter corruption, for such it is—has been defended by arguments which, if they mean anything, mean that examinerships of vital importance to the strength and development of surgery and medicine may be used as a kind of almshouse for effete members of the profession."

We congratulate Mr. SIMON on thus calling things by their right names. *Corruption* is the only epithet which can be applied to the present constitution of the Court of Examiners of the College of Surgeons; and yet on more than one occasion within the last few months we have heard of most eloquent and moving orations delivered in the Council, the sole object of which has been to express the speaker's fervid admiration of the *status quo*, and his horror of any revolutionary movements which might alter the constitution of the immaculate "ten." But the orator in question is known to have had some regard for the progress of science in days gone by, before the tide of popularity had turned so strongly in his favour, and even now is so conscious of the scientific weakness of the body he supports as to endeavour to bolster up their credit by extraneous aid. What is it but this tendency to regard examinerships "as a kind of almshouse for effete members of the profession" which stands in the way of all material improvement?

The second portion of this remarkable Address—that in which the regulations affecting students and teachers is considered—is not less important than the preceding; and here the lecturer's observations affect all our licensing bodies alike. Mr. SIMON regards the restrictions which apply to all medical examinations in this country with an utter detestation which must be more or less sympathised in by many teachers and most pupils. He expresses a wish that the University of London, "incomparably the best constituted of our examining boards," could be induced to try the experiment of conducting examinations untrammeled by regulations. But the fact is that in Arts, Law, and Science the University of London has already adopted this plan, and that it is only in Medicine that restrictions and regulations still obtain. The success of the system, which was carried some ten years back against great opposition on the part of the various Colleges in connexion with the University, is best shown by the lists of graduates. Thus in the last Calendar we find no less than 107 Bachelors of Arts whose education consisted in "private study;" and even more remarkable, as being more closely allied to the study of Medicine, we find that of 57 Bachelors of Science 18 did not belong to any college or medical school. It is evident, then, that an *absence* of regulations which acts so beneficially on other degrees could not in the nature of things be very harmful to graduates in Medicine; and we imagine that the reform would ere this have been extended to medical degrees but for the conservatism of some of the medical members of the Senate, whose affections, if not their interests, are centred in the older corporations, to whom the liberated University might prove an inconvenient and offensive rival.

WE have so often, and withal so particularly, exposed the grievances of members of the Indian medical service that we are little disposed at present to go into them in detail. But a very good statement of them may be seen in a pamphlet styled "The Madras Medical Service in 1867"; and, having perused this, we cannot abstain from repeating that recent changes in this department of the Indian service are calculated to be unjust in their operation on the older members, and delusive in regard even to those just entering the service. The administrative grade, which represented the few prizes to which a deserving or a devoted Indian medical officer looked as his reward, has been greatly reduced; so that, in the case of Madras, whereas at the time of transfer of India to the Crown, there were twelve administrative appointments, now there are but seven, three having been abolished and two transferred to the Royal army. The writer of the pamphlet above mentioned holds that promotion to the rank of deputy inspector-general of hospitals, *as existing at the time of transfer, was guaranteed to officers then in the service* by Act of Parliament. It is not well with any service when the hope of its members is extin-

guished. This is very much the case with the Indian medical officers. From the reduction in the number of administrative appointments, and the operation of a recent rule that a medical officer who is not a deputy inspector-general of hospitals at the age of fifty-five must be pensioned, it follows that the old prizes of the service cannot possibly be obtained except by a few, and, consequently, that the inducement to do more than the minimum of duty scarcely exists. Formerly medical officers were allowed occasionally to hold non-medical appointments at once responsible and lucrative. Now this is prohibited. All these facts tell with especial hardness upon men who entered the service on the understanding that the attainment of the prizes which have been withdrawn was a part of their prospects.

"When they entered the service, about one in five of the surgeons in Madras were in the administrative grade; but now, when one in thirteen only can expect to attain that rank, it virtually places it beyond the reach of any but a favoured few. The seniors who have gone through the lower grades, who have worked their way nearly to the summit of the ladder, on the understanding that the survivors would receive a certain rank and commensurate emoluments, now perceive their reward suddenly withdrawn."

But it is not the senior members alone who have a right to complain. There are grievances affecting all grades. There are grievances of rank. The Royal Warrant of 1860 accorded increase of rank. It promised that a surgeon-major should rank as lieutenant-colonel, a surgeon as major, a senior assistant-surgeon as captain, and a junior assistant-surgeon as lieutenant. The highest rank attainable by medical officers not in the administrative grade is that of junior lieutenant-colonel, and in this grade the medical officer ranks as junior, and is superseded by any combatant officer. Our civil readers may make light of supersession as a grievance; but it is acutely felt, and reasonably so, by our military brethren. The Royal Warrant, however, did more than give increased rank. It stipulated further—

"That such relative rank shall carry with it all the precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, forage, and prize-money."

This stipulation seems clear enough. But it has not been carried out. It was reasonably anticipated that increase of rank would involve a commensurate increase of pay. But this is so far from being the case that, under pretence of consolidating the salaries, in every grade of the service the salary obtained from Nov. 1866 is less than the old staff pay with pay of rank as increased would amount to.

We can only advise the members of the Indian service to draw out a good statement of their grievances, and take the pains to have it fairly put before Parliament; and we respectfully advise Parliament to consider these grievances. Its Indian medical officers are very influential and responsible servants. They do hard work in lonely and dangerous stations. They have mainly to do with the native troops, and have comparatively few of the pleasures and advantages which are enjoyed by the members of H.M. medical department in India. On all these grounds they are entitled to great consideration.

THE Court of the Apothecaries' Company have decided that ladies shall be admitted to the examination in Arts at the Hall.

Medical Annotations.

"*Ne quid nimis.*"

THE CLINICAL SOCIETY OF LONDON.

THERE was a full attendance at the second meeting of this Society, which took place on the 24th ult., and a long list of candidates for election was read by the President of the evening, Dr. Jenner. The subjects discussed were interesting, and the character of the discussion was a decided improvement upon that which marked the first meeting. A favourable impression was certainly created, which augurs well for the progress of the Society. An account of the proceedings will be found in another column.

Mr. Spencer Watson's views in reference to the treatment (a very old one) of vascular ulcer of the cornea, by a seton in the temple, found no support amongst the members present. On the contrary, a strong opinion was expressed that the method was painful, tedious, and unnecessary. The local application of a solution of atropine, persistently repeated, was spoken of as by far the most successful means. This is doubtless the case, but it is only fair to note that the frequent application of drops to the eye of a child affected with photophobia is often impracticable in out-patient hospital practice. The surgeon has not the time, and the mother fails in the necessary energy and skill to carry out the treatment.

Dr. Hermann Weber's cases of acute rheumatism, terminating suddenly with head symptoms and a great rise in temperature, were very interesting. The subject is one which, it will be remembered, has been handled by Trousseau with his usual graphic power. Several speakers adduced cases. The discussion turned chiefly upon the cause of the increase of temperature and its probable origin in the arrest of the conversion of heat into force, in consequence of molecular death preceding systemic death. More heat is thus produced than can be disposed of. It would be very useful if members of the Clinical Society would bring forward their experience of all the diseased conditions in which the temperature rises above the normal before death, or even keeps up to the normal level; for, in most kinds of death, there is a gradual sinking of temperature. The surgical members might give material assistance by recording the temperature in death from injuries to the nervous system. Some of the highest temperatures we have ourselves seen have been in cases of death from laceration of brain-substance. As is so frequently the case in societies, the most interesting and important of the phenomena described in the paper—viz., the sudden accession of head symptoms—was scarcely touched upon in the discussion. No attempt was made by the speakers to explain the cause of this occurrence, on which post-mortem examination fails to throw any light. Attention was, however, drawn to the point that, in all these cases, the blood after death was found in a fluid state—a fact worthy of note, as occurring in a disease in which the quantity of fibrin is said to be increased. As bearing upon the same point, it may be remarked that, although, as a rule, in the scorbutic dyscrasia there is complete coherence of ideas, cases have been seen occasionally in which excitement of a maniacal character has been present*. In scurvy the blood is very watery, but the proportion of fibrin is probably augmented.

ABYSSINIA.

WE have received information by the last mail from Abyssinia relative to the expeditionary force. The health of the troops is alike excellent in the highlands and lowlands. There are not more than about forty sick out of the entire force. These have been placed on board the hospital ships, all of which had arrived.

* See art. "Scorbutus," by Dr. Buzzard; Reynolds's System of Medicine, vol. i., p. 744. Ritchie: Edinburgh Monthly Journal, July, 1847.

The climate at Zoola is spoken of as very tolerable; it is hot during the forenoon, but a cool sea breeze springs up about midday. The hospital ships, as receptacles for sick, have not, of course, really been tested yet; so far, the experience obtained is not so unfavourable as might have been anticipated. We are assured, however, that the Indian Government, at whose request these vessels were supplied and fitted up in this country, never intended to employ them as stationary floating hospitals in the Red Sea. They will remain at Annesley Bay until a sufficient number of sick have accumulated at the various hospitals and at Senafé to need removal, when they will proceed to Suez, or elsewhere, as required. Meanwhile, these ships have been turned to very good account. Not only did some of the British troops borrow warm clothing from them, but in the equipment of the various small hospitals established at the different halting-places along the line of route to Senafé, the resources of these hospital vessels have been drawn upon. The whole of the stores, with the regimental field, and divisional hospital equipments had not arrived, but were daily expected.

The camp at Zoola, it is said, is beginning to present quite a new appearance. It is rendered disagreeable in consequence of the quantity of fine sand and dust; but its sanitary condition is, on the whole, decidedly satisfactory, and every pains is taken to maintain it so.

The increased water-supply and the better camp arrangements had not been without their influence on the health of the animals. All the water at Zoola had to be obtained from artificial sources. Two condensers were in process of erection on the shore; and not before they were wanted, we presume, for the daily consumption of water amounted to about 30,000 gallons. The rations are satisfactory, there being a good issue of bread and vegetables, and although the beef is not very prime, it is very nearly as good as the troops get in India.

The arrangements for the despatch of troops are as follow:—They are forwarded in small detachments, accompanied by an assistant-surgeon, from the camp at Zoola to Senafé, which is the plateau of Abyssinia, and distant sixty miles from the seaboard. The difficulties of the ascent to Senafé are great, and the march is divided into four stages, provision being made for the reception of any sick at four small detached hospitals, each in charge of an assistant-surgeon.

The first stage is from Mulkuttoo to Komeyloo, about ten miles; the second from Komeyloo to Upper Sooro, about twelve miles; the third from Upper Sooro to Undul Wells, also about twelve miles; the fourth is to Rareeguddy, sixteen miles. The distance between Rareeguddy and Senafé is only about eight miles. At the last-named place will be the chief camp and divisional hospitals, at an altitude of 7000 ft., where the air is bracing, and the nights are cold in the extreme. There is ample camping-ground, abundance of water, good forage and supplies of various kinds procurable from the neighbouring districts. The village of Senafé is about one mile from the site of the camp; its total population numbers between two and three hundred, chiefly of the Caucasian race, and lodged in wretchedly dirty flat-roofed houses. There does not seem to be much disease among them beyond ophthalmia; but they are said to have suffered from cholera in 1865.

It will be seen that everything has hitherto turned out very much as those best acquainted with the climate of Abyssinia predicted it would. There has been no serious loss of health and life among the troops. Had the war terminated in one campaign, as we had once hoped it might have done, we should have had no misgivings as to the expedition breaking down on the score of health. But we cannot avoid some anxiety under the altered circumstance of the troops having to remain for some time. During the light winter rains, occurring from December to February, there need be no fear; but all agree that the heavy tropical rains of June, July, and August, are not by any means unattended with danger, owing to the sudden and enormous floods which at that season rush down the mountains and through the valleys towards the sea, carrying everything before them.

The readers of Sir Samuel Baker's work will doubtless remember that he speaks of the rapidity with which a gentle slender stream will become swollen into a rapid torrent, under the influence of a heavy tropical rain.

THE STAMPING-OUT OF SMALL-POX.

SIR J. Y. SIMPSON seeks to enlist the sympathy of the public for a proposal to "stamp-out" small-pox. What has been done for the cattle-plague might, he thinks, be done for small-pox. Too great an expenditure of life, he maintains, is involved in waiting for a more perfect vaccination of the population, and the stricter limitation of the disease in that fashion. He would therefore supplement vaccination by a stringent system of isolation of cases of the malady, particularly the earliest cases. He would have done in respect of small-pox in addition to vaccination, what Haygarth would have done, and what he believed would have been efficient to the end proposed, before vaccination. Vaccination of itself; isolation of itself; each properly and effectively carried out, would suffice to extinguish small-pox in a community. Both are requisite to "stamp out" the disease among the population of the British Isles, and remove the great mortality, suffering, and disfigurement, which still occur from the scandalous neglect of Jenner's immortal discovery by his fellow countrymen. What Sir J. Y. Simpson says of the public advantages to be derived from isolation of the sick in small-pox is apposite also in scarlet fever, measles, and typhus. Withering applied Haygarth's views of the true prophylaxis of small-pox to scarlet fever; and, very recently, B. W. Richardson* and J. N. Radcliffe† have urged the necessity of isolation of the sick from scarlet fever. It is very pleasant to find the man who has made the next greatest discovery to vaccination, for the benefit of the human race, bringing the force of his name and the power of his facile pen to influence the community to do justice to itself in the matter of small-pox and other contagious disorders. His effort, we feel assured, must produce much good fruit, and we trust that he will live to see it matured in his own time.

NATURAL SCIENCE AT CAMBRIDGE.

WE are extremely glad to find that the two leading colleges in Cambridge have at length determined to give some definite encouragement to natural science. Trinity College has already appointed a lecturer, and now offers one at least of its valuable foundation scholarships, thus far placing natural science on a par with the other studies of the University. There is, perhaps, no better thing in the wide world that a young student can obtain than a scholarship at Trinity. He gains a handsome pecuniary bonus, and, what is far more important, he gets a footing on the foundation of the noblest of educational institutions, and gains admission to the largest select circle of ripening scholars that is anywhere to be found. Often have we heard of the pride and joy with which men distinguished in various walks of life refer back to the scholarship-time at Trinity as the happiest and most profitable of all, the time in which study seemed most to strengthen intellect, and companionship most to improve character; and sincerely do we congratulate the students of natural science in the two universities that this opportunity is opened to them. We trust they will appear at the examination in such force that the authorities at the College may be induced to give more than one scholarship, and to repeat their offer in subsequent years.

At St. John's College the exhibition, though less valuable, is more open, inasmuch as any student whatever, coming, say, from any of the schools, and having a knowledge of natural science, more especially chemistry it seems, may present him-

* Asclepiad, vol. i., p. 111.
† Transactions of the Epidemiological Society, vol. ii., p. 274.

self for the examination. We understand that the competition for natural science scholarships and exhibitions in the other colleges has not been very great; indeed, the scholarship recently offered at Sidney College was not awarded for lack of a sufficiently good candidate. The fact is, these subjects are not at present taught in our schools with the care and attention requisite to bring the boys up to a scholarship mark. This defect must soon be rectified; and now that the universities are bringing their influence to bear, natural science will soon be granted its proper place in our educational system.

THE NAVAL MEDICAL SERVICE.

THE vacancy in the Deputy-Inspectorship at Plymouth, caused by the lamented death of Dr. Beith, R.N., is one which the Director-General of the Navy will not find it an easy task to fill satisfactorily, since Dr. Beith's abilities as an operator enabled him to fulfil the duties of his office more efficiently than had been the case for many years. We have reason to believe that the gentleman who in all probability will be selected is Dr. Henry Jones Domville, C.B., now Deputy-Inspector at Bermuda, who, it may be remembered, distinguished himself by operating under fire, when H.M.S. *Tiger* was so unfortunately lost in the Black Sea; and who will prove himself no unworthy successor of Dr. Beith. Dr. Domville became a deputy-inspector in 1864, and has served at the Bermuda Hospital since that date.

Promotion of a staff-surgeon will necessarily ensue, and in naval circles, we understand, that the names of Dr. Thomas Nelson, Dr. Robert Pottinger, and Dr. J. Watt Reid, have been mentioned as likely recipients of promotion. We have reason to believe, however, that Dr. Nelson, at present attached to Melville Hospital, Chatham, and who was present both at the attack upon Petropaulovski, and in China at the taking of the Peiho forts, will probably be the new deputy-inspector,—a choice which will give general satisfaction.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON Tuesday evening last, in a thin meeting of the Medical and Chirurgical Society (due to the inclemency of the weather), Mr. Bryant read an interesting paper upon "Colotomy in a case of Vesico-intestinal Fistula." The case was in many respects parallel to the one brought before the same Society last year by Mr. Holmes, there being a communication between the rectum and bladder, the distressing symptoms of which were effectually relieved for two months by Amussat's operation. At the end of that time, however, liquid fæces began to pass per urethram, consequent upon an opening forming between the bladder and small intestine, which, ultimately, led to the patient's death. Mr. Bryant made some general remarks upon the diagnosis and treatment of these cases, and advocated an oblique incision in the performance of the operation. A lively discussion ensued, in which Mr. Moore advanced the doctrine that the occurrence of adhesions between the pelvic viscera determined the occurrence of ulceration, and consequent communication between them; whilst Mr. Heath and Mr. Holmes maintained that the adhesion of the peritoneal surface was the result of the ulceration going on in the intestine, and was a salutary effort of nature to obviate extravasation into the peritoneal cavity. The general feeling of several speakers, including the President, Mr. Solly, was, that the danger of Amussat's operation was over-estimated, and that its performance was too often postponed until too late.

A case of supposed dislocation of the cervical vertebræ, with temporary paralysis, was afterwards read by Mr. Martin, time not allowing of the delivery of Mr. Curgenven's paper on Infantile Remittent Fever, which will, therefore, be read on the 11th of February.

WHAT IS THE LIMIT OF HUMAN LIFE?

THIS is a question which has given rise to much pleasant literary gossip; to many remarkable statements of alleged fact on the one hand, and to an equal amount of incredulous comment *per contra*. A great deal of learned research has been bestowed upon tombstones, registers, family Bibles, and other records, by the disbelievers in centenarianism; but in the absence of direct proof to the contrary, the balance of probabilities is in favour of possible exceptional instances of longevity. The *Quarterly Review* thinks that the late Sir G. C. Lewis, the most eminent sceptic on this point, was "on the high way to become convinced *nolens volens* that there were in his day flawless cases of *female* centenarianism, although the parish registers ransacked at his instance had failed to satisfy him as to males of equal length of years." The tendency of old people to exaggerate their age has often been remarked, and herein lies one element of doubt; but when the direct evidence of a baptismal register is forthcoming, it is clear that, unless there be a confusion between two persons—father and son, or mother and daughter—of the same name, the evidence amounts to legitimate proof of age, such as seems to be established in the following case:—

A fortnight ago we noted the death of a man at Claydon, in Suffolk, at the age of 106. A medical correspondent, evidently well acquainted with the facts, tells us that the correct reference should be to what could only by a misnomer in this instance be described as "the weaker sex," inasmuch as the venerable centenarian was a "person" named Mrs. Morfew, who had been baptised at Claydon Church on the 28th of November, 1761, her exact age at that date not being known. She acted as midwife at the Barham Union for a great many years, and her services in a similar capacity had been invoked at the birth of many of the present "oldest inhabitants" of Claydon. This remarkable specimen of hale old age was accustomed, up to within a month of her death, to walk alone, and without the aid of a stick, on Sunday mornings to Claydon Church and back, a distance of more than a mile and a half; and her faculties were retained perfect almost to the last, her eyesight being so good that she never wore spectacles. She herself told our correspondent, in reference to her mode of life, that she had never tasted beer, "and except for illness (of which, thank God, I have had very little) never spirits, and then only the smallest quantity of brandy." We are informed that a son of Mrs. Morfew is over seventy years of age, and has lately married his third wife.

Unless Bible history is a myth, we fail to see that the disbelievers in centenarianism have any real ground to stand upon. Physiologically, we know of no absolute law which fixes a definite limit to human life; and, while fully alive to possible sources of error, we see no reason to doubt that to-day, as in centuries gone by, our race supplies examples of extraordinary natural vigour, which outlast the artificially reduced span of mortal existence.

THE BIRMINGHAM SCHOOLS.

THE treaty for the amalgamation of the Sydenham School with Queen's College has made considerable progress; but Dr. Bell Fletcher and Mr. Alfred Baker, who were the chief promoters of the School attached to the General Hospital, decline to take any part in the fusion. Their colleagues at the Sydenham School, feeling that in the Queen's College, as at present constituted, the theological element has an undue preponderance over the medical, have induced the authorities of that College to avail themselves of the fourth section of their Act obtained last session (30 and 31 Vict., cap. 6), and petition the Court of Chancery for various modifications, the principal of which are intended to secure the adequate representation of the medical profession on the Council of the amalgamated School, and to lower the monetary qualification of governors, which is now fixed at £50, virtually excluding

the majority of the members of the learned professions, who, by culture and pursuit, are the best fitted to govern the affairs of the College. The Sydenham staff have also stipulated that ten members of their Council shall be placed on the list of Queen's College governors. A very important work remains unfulfilled, and upon the manner of its accomplishment depends in great measure the future prosperity of the Birmingham School. It is to be hoped that the Chairs in the amalgamated College will be distributed so as to secure the co-operation of the most able lecturers. The present activity of medical teachers in the metropolis, and the generally prevailing determination to perfect the system of medical education, leave our provincial friends no alternative. The password is "Progress."

ST. THOMAS'S HOSPITAL.

DR. BARKER has retired from the office of Physician to St. Thomas's Hospital, in accordance with the law of that institution which renders retirement at the age of sixty compulsory. Dr. Barker will carry with him the good wishes of his colleagues and the regrets of his pupils.

THE EPIDEMIOLOGICAL SOCIETY.

WHATEVER may be the shortcomings of local official inquiries into the recent outbreak of fever in the Mauritius, we shall not lack abundant trustworthy information on the subject. At the last meeting of the Epidemiological Society, important papers on the outbreak were read by Dr. Edwards, the general sanitary inspector of the island (who was present at the meeting), and Mr. Stone, one of the assistant-surgeons of the civil hospital, Port Louis.

At the meeting announced for Monday next, papers will be read by Dr. Barrant, the health officer of Port Louis, and Mr. Rogers, the senior assistant-surgeon of the civil hospital of that town. It is interesting to know that Dr. Barrant, who, like Dr. Edwards, has been compelled to visit England to recruit his health, shattered by the excessive labours imposed upon him by the outbreak, and by repeated attacks of the fever, will be present at the meeting. This gentleman is known to have given special study to the endemic fever of Mauritius, and to the question of the connexion of the recent outbreak with certain lower forms of vegetable life.

In addition to the papers on the Mauritius outbreak, Inspector-General Lawson, the principal medical officer of Aldershot Camp, will read a paper on "Pandemic Waves" in relation to the production of cholera and fever; and will present to the Society a large map illustrating the opinions he entertains on the subject.

THE CHOLERA IN ABYSSINIA.

IN the "Story of the Captives" told by Dr. Blanc, several interesting facts are made known respecting the spread of cholera in Abyssinia during the late pandemic. It would appear that the disease broke out at Massowah between the 27th of September and the 8th of October, 1865 (p. 24)—about a fortnight later than the time of its appearance in England at Southampton. On the journey of the mission eastward the cholera was "left behind;" but on reaching Kassala, "which had just gone through the ordeal of a mutiny of Nubian troops," cholera is spoken of as having "decimated both rebels and loyals" (p. 33). Subsequently Dr. Blanc learns that the disease had been making havoc in Tigraz; and he adds, "we were not surprised therefore to hear that it had spread over other provinces, and that several cases had already broken out at Kourata" (April, 1866—p. 65). On the 9th June, 1866, the disease broke out in Theodore's camp, to the south of Kourata, and hundreds died daily.

"In the hope of improving the sanitary condition of the army, the Emperor moved his camp to some high ground a mile or so north of the town; but the epidemic continued to rage with great violence both in camp and in the town. The church was so completely choked up with dead bodies that no more could be admitted; and the adjoining streets offered the sad sight of countless corpses, surrounded by the sorrowful relatives, awaiting for days and nights the hallowed grave in the now crowded cemetery. Small-pox and typhus fever also made their appearance, and claimed the victims cholera had spared."—p. 66.

Under the advice of Dr. Blanc, Theodore moved to the higher ground of Begemder and broke up his army, distributing it widely, leaving the sick on the side of Debra Tábor; and he selected a few healthy isolated localities where every fresh case that broke out was sent. Quickly afterwards the disease declined and disappeared. On the 17th June Dr. Blanc writes of the appearance of cholera at Gaffat. Subsequently, in a summary of the diseases of Abyssinia, Dr. Blanc states that cholera first appeared in that country in 1856, and he adds:

"Ten years later it spread from Massowah to Tigraz, and from that province it decimated the greater part of the country. This second epidemic was severely felt in the King's camp and in Begemder. Diarrhœa was very prevalent at the time, and, from what I heard and observed, it always preceded the attack of cholera, from a few hours to several days. ..... Though the epidemic carried away thousands, it was not of a very malignant character."—p. 101.

It is interesting to observe that the spread of cholera to Massowah and through Abyssinia is on the route of the East African pilgrims returning from Mecca, particularly the Takruris, a Mahommedan tribe of Darfur. Members of this tribe, it will be remembered, played a conspicuous part in the caravan which Burton accompanied to the sacred city of the Moslems.

THE TESTIMONIAL TO DR. JELF.

THE proposal to present a testimonial to Dr. Jelf has met with a hearty response from large numbers of King's College students, past and present; and an influential committee, with Mr. Henry Worms as its chairman, has been engaged for some weeks past in carrying out the idea. Influenced apparently by this success, some professors of the College have started a rival testimonial scheme, and have announced a public meeting in furtherance of their object. This seems very like an endeavour to take the wind out of the sails of the originators. Old students, we should imagine, will not admire the taste displayed in this proceeding, but will prefer joining the committee already in existence. Those of them who wish to present a mark of respect to a valued friend and teacher untrammeled by College influences, will, we have no doubt, communicate with Mr. Henry Worms, 15, St. George's-place, Hyde-park, who is ready to receive the names of all those willing to assist.

WARWICK COUNTY LUNATIC ASYLUM.

THIS asylum, originally planned for 325 inmates, has now been made, at a cost of £2950, capable of accommodating a total of 463—viz., 207 males and 256 females—the extreme point to which alterations can be carried without very serious outlay and work upon a new and comprehensive scale. At the same time attention is specially called to the increasing number of patients year by year. A committee was appointed last summer, on the motion of Sir R. Hamilton, to consider the expediency of providing a separate establishment for idiots in connexion with the County Asylum, and they have presented their report. Dr. Parsey, who is complimented for his services, finds that in the several unions, workhouses, and parishes, exclusive of Birmingham, there were 101 idiots and imbeciles; in the rural parishes and towns, 188 others belonging to the poorer classes, and there are in the County Asylum 60 more, making a total of 349. There has never been any special provision for idiots in the County Asylum, which is now full, and the committee, seeing that it would probably cost more to add to the asylum than to build a new one, have recommended that a

separate building should be provided to which the non-dangerous idiots and imbeciles at the County Asylum and in the several unions should be sent. The cost per head in the asylum is at present nine shillings a week; it would probably be less in a new building capable of containing 200 inmates. It is therefore recommended that a new building be provided, and in this the Commissioners in Lunacy agree.

MAURITIUS.

Le Cernéen, one of the journals of the island, mentions some facts which give us an insight into what must be the sanitary condition of Port Louis. As our readers are aware, the plains in the vicinity of Port Louis are most unhealthy. In order to drain these and facilitate the flow of the water caused by the rains from the plains of Salines towards the sea, the local Commission of Health determined to cut a trench or canal, and this they carried through the cemetery, where a large number of persons who had died of cholera in 1862 were interred. The consequence was that the workmen came upon the coffins, and some of these with the bodies they contained, were exposed for the space of a day and a half to the atmosphere, and in contact with water. The mayor did not appear to regard it as a matter of much importance, but the General Sanitary Committee took action on the matter, and with apparent effect.

THE CROWN PRINCESS OF PRUSSIA.

DR. GREAM left London for Prussia during the past week in order to officiate at the approaching accouchement of the Crown Princess of Prussia (Princess Royal of England).

ARMY MEDICAL APPOINTMENTS.

DR. MUIR, the senior medical officer at Netley, is about to embark immediately for India, where he succeeds Dr. Beatson at Bengal as the principal medical officer of the British forces in India. Dr. Muir will be universally regretted by all at the Royal Victoria Hospital. He is not only a very able and successful administrator, but he has the faculty of inspiring those who come in contact with him with feelings of personal attachment. He succeeds to a post of great responsibility. It is not every man that could worthily follow Dr. Beatson, but we make no doubt that Dr. Muir will maintain the reputation which his department has gained under the administration of his predecessor. Dr. Beatson replaces Dr. Muir at Netley.

JERUSALEM.

AN Hospital for Lepers has recently been established in the Holy City, under the auspices of a Prussian nobleman. The objects of the institution are, (1) to provide a home for persons suffering from the early stages of the malady, and, by comfort, regulated diet, and medical care, to seek to arrest its further development; (2) to extend to these unhappy outcasts the benefits of moral and religious instruction; and (3), if circumstances permit, to train the children of lepers and endeavour to prevent their becoming afflicted with the disease. A suitable building has been erected outside the walls of the city, and there are at present six patients, all males. Five of them are suffering from the tuberculated form of elephantiasis; one from the anæsthetic form.

THE CORONERSHIP OF WEST MIDDLESEX.

THERE are now but two candidates in the field for the vacant office of Coroner for the Western Division of Middlesex. These are Dr. Hardwicke and Dr. Diplock. It is to be regretted that these gentlemen should contest the election, for whichever obtains it will, if the struggle continue, do so at a ruinous expense. There is now no principle at stake, the lawyer having retired. Let the medical candidates come to some arrangement by which a contest may be avoided.

VERY "PECULIAR."

WE might almost adopt as a permanent heading "The Perils of Infancy," under which to comment, week by week, on the scandalous revelations that seem to crop up everywhere in regard to the little value set upon infant life in this Christian country. It is one thing to listen to Mrs. Gamp speaking with mock resignation of the vicissitudes which befell her children—how they fell "out of three-pair backs, and had damp door-steps settled on their lungs; and one was turned up smilin' in a bedstead unbeknown;" but it is something quite different to learn that actually, and in the flesh, children smitten with disease are left to die on the plea of religious objection to medical assistance. It will hardly be believed that there does exist a sect, whose head-quarters are in Essex, holding the tenet that certain expressions of Holy Writ, warning against trust "in an arm of flesh," imply that in cases of sickness the right thing is to anoint the patient with oil, give him brandy and water, and then simply pray for his recovery. The narrow escape from serious consequences which the two "peculiar" parents who allowed their child to die from inflammation of the lungs have just had at the Central Criminal Court, will, it is to be hoped, put a stop to the practice thus brought to light, and will, at any rate, give rise to some inquiry into the statement that in Essex numbers of "peculiar" children die without medical aid, and that the Coroner of the district allows the plea of religious belief to absolve the "peculiar" parents from the penalties of the criminal law.

A BILL, prepared by Mr. Postgate of Birmingham, and entitled, "A Bill to amend an Act preventing the Adulteration of Food or Drink, Aug. 6th, 1860, 23 and 24 Victoria, cap. 84, and to prevent the Adulteration of Drugs," has been placed in the hands of Mr. G. Dixon, M.P., to be introduced into Parliament next session. The provisions of the new Bill make the injurious adulteration of food, drink, and drugs, a misdemeanour, and a special clause increases the penalty to £50 for knowingly selling adulterated articles. The Bill also provides for the appointment by local authorities of analysts, and for the use of the present inspectors of nuisances in carrying out its intention. It is suggested that the quarterly reports of analysts shall be made public, that arrangements should be made so that purchasers may be able to obtain cheap analyses, and the inspection of manufactories be regularly conducted. The present Act leaves the purchaser to prosecute, and the authorities are not compelled to appoint analysts. Mr. Postgate has for many years devoted a great deal of time and attention to the very important subject of adulteration, and made many sacrifices in its promotion, and the present Bill which he fathers deserves every consideration.

FROM the *Gateshead Observer* we learn that the union medical officers report fever as having broken out in the town and neighbourhood of Gateshead. In the fortnight ending the 21st of January, eleven cases were sent into the Fever Hospital; and Dr. Cook states that they are the worst that have been under his care since the hospital was founded. Dr. Brocknell sent three cases of typhus into the hospital from Felling; and he has had several cases of malignant scarlatina among his private patients. Dr. Megget reports (Jan. 20th) that the fever at Barlow continues prevalent; and Dr. Douglas has sent four cases of typhus into hospital from the east district of Gateshead, where he has also had five cases of scarlatina. Dr. Davis, of Wrekenton, calls attention to the disgraceful neglect of sanitary matters in a part of his district, which he describes as in a state of mud and filth, without drainage or water-supply.

WE regret to announce the death of M. Serres, who died on Thursday, the 23rd ultimo, at the age of eighty.

A SPECIAL general meeting of the Birmingham Medical Benevolent Society was held at Birmingham on Wednesday. About thirty members were present; Mr. Alfred Baker in the chair. The proposed alteration of the laws to the effect that "three directors going out by ballot be eligible for one year," was moved by Mr. Vose Solomon in a very able speech. He disclaimed all intention of bringing any charge against the present managers of the society, many of whom were the recognised leaders in their several departments of the profession, while all were gentlemen of the highest character; but he thought some new blood infused into the direction would be of service. On the vote being taken, it was decided by a large majority that the laws remain as at present.

CHOLERA appears to be prevailing at Havanna, in the island of Cuba, in the cathedral of which place, by the way, lie the remains of Columbus. It is not impossible that the disease may reach some of our West India islands, as there is much commercial intercourse between them.

DR. FRANCIS WILLIS has resigned the office of Assistant-Physician to Westminster Hospital.

DR. CHOWNE retires from the post of physician he has so long held at Charing-cross Hospital, and will no doubt be promoted to that of consulting physician. Dr. Headland, in consequence, becomes physician, and a vacancy for an assistant-physician is thereby created.

THE *Builder* states that it is thought that the barren island, Virgin Gorda, will be selected as the packet station in the West Indies, and pronounces against it in favour of Falmouth, Antigua. The Virgin Gorda is equally open to hurricanes with St. Thomas. It has no harbour and no conveniences; it is near the dangerous reef Anegada, on which sixty-seven vessels were lost between 1811 and 1830. What is the sanitary condition of these West Indian islands?—for that is all-important.

IN France, Sweden, Denmark, and Prussia, all seamen of the mercantile marine undergo inspection on their *return* from a foreign port, prior to going on shore, as well as when they ship.

THE Annual General Meeting of the members of University College is fixed for the 26th of February next. A vacancy in the Council has been caused by the death of Mr. E. Charles, LL.B.

THE old and present students of Guy's will dine together at Freemasons' Tavern on Wednesday, the 18th of March. Mr. John Hilton, F.R.S., will occupy the chair.

THE annual oration at the Hunterian Society will be delivered by Dr. Braxton Hicks, F.R.S., on Wednesday, the 12th February, at 8 P.M., at the London Institution. The annual dinner will be held at the London Tavern on Feb. 14th, under the presidency of John Jackson, Esq.

IT was decided at a meeting held recently, at which Mr. Paget presided, that the Richardson testimonial list should be closed on the 24th of March next. The committee hope to be able to announce that a sum of £1000 has been collected.

A MEETING of the subscribers to the Quain Testimonial is called for February 7th, at 3 o'clock, in the Botanical Theatre of University College, for the purpose of presenting the bust of Mr. Quain to the Council of the College, and a list of the contributors to Mr. Quain himself. The subscription list now includes upwards of 250 names.

Correspondence.

"Audi alteram partem."

WALSALL WORKHOUSE.

To the Editor of THE LANCET.

SIR,—It having been determined to forward my observations on the Papers recently laid before Parliament, in reference to "THE LANCET Report" on the state of the Walsall Workhouse, to the Poor Law Board, in order that they may be officially produced to Parliament when called for, I venture to demand the opportunity of protesting against the course which has been taken by the Poor Law Board, and against the unwarrantable and (but that it is privileged) libellous personal attack which has been made upon me by the Poor Law Inspector of the District, Mr. Andrew Doyle.

The course adopted by the Poor Law Board is that which, but for the irresistible remonstrances of the public press, would have been pursued at Farnham. Instead of sending down independent commissioners to investigate the facts upon the spot, the Board appears to have sent a copy of the Report to Mr. A. Doyle, and to have requested an explanation of its contents. This gentleman, whose official conduct is probably more seriously impugned by the facts mentioned in the Report than that of any other person, was thus called upon to sit in judgment upon himself. He proceeded at once to Walsall, attended a Meeting of the Guardians, one of whom twitted him with his speedy advent, and after holding an inquiry of a private nature he is reported to have stated to the Guardians, that I had wilfully neglected to make such inquiries as might have elicited the truth; that the statements I had made were "essentially untruthful," and the Report in your columns "altogether unworthy of belief." These charges he has repeated in a still stronger way in the papers which have been produced to Parliament as an answer to my Report, with the additional charge that I had suppressed a report on the Wrexham Workhouse because I found it in a favourable state, with the object of presenting the public with a sensational article and not the truth.

Now, sir, I regret the course which has been adopted by the Poor Law Board, as one which places me as your Commissioner in a most unfair and difficult position. I am hereby precluded from the possibility of proving the pains with which I sought for information from the Master of the Workhouse, the Guardians, and the Clerk to the Union; on the good faith with which the information so obtained, whether true in itself or not, was given in the Report, and it puts me to the pain of asking the public to suspend their judgment until the matter shall have been investigated before an independent tribunal, before which I undertake to show that my Report is substantially correct, and that the few trivial mistakes which do occur, were made on the authority of the officers of the Union, upon whose knowledge of the facts I had every reason to rely. Now, sir, with respect to the pains I took to discover the truth, I may inform you that I spent altogether nearly six hours in the Workhouse. Before going round the house I saw the Master's Annual Report, and other documents which he is bound to keep. I saw a report on the cubic space, number of beds, floor-space, and ventilation of the wards, by Dr. Burton, the medical officer, and although that gentleman therein expresses his satisfaction with a lower standard of requirement than that insisted upon by the Cubic Space Commissioners, I adopted his report as practically my own. I then went round the wards in company with the Master, and no fact is recorded in my note-book to the truth of which I cannot challenge him to speak. On my return to his office I examined the dietary, and paid a visit to the kitchen. From thence I proceeded to the tramp wards, in company with the porter, who had charge of them, and to the receiving wards in company with the Master. Hearing that there was a meeting of the Board of Guardians on the following day, I attended for the purpose of seeing them, and asked them many questions, and I take every one of those gentlemen to witness that I expressed my anxiety to ascertain the truth. The result of this inquiry was presented in your columns, and all I ask for is the opportunity of submitting its statements to a fair tribunal, when I am prepared to show that I have faithfully fulfilled my duty.

One charge of Mr. A. Doyle I feel bound particularly to answer, as it has attracted the notice of the press. It is that I have stated "that the Walsall Workhouse has been favourably reported to the Poor Law Board for twenty years," whereas Mr. Doyle has quoted several instances to the contrary. It will

scarcely be believed perhaps that in making this quotation from my Report, Mr. Doyle has omitted three most important words at the commencement of the sentence—viz., "with this exception," and that the whole of the context shows that this exception refers to the sole subject of the unfavourable reports quoted by Mr. Doyle himself—viz., the general question of want of accommodation, and the necessity for extending the building. Through the courtesy of the clerk to the Union, I was enabled to inspect the "Visitors' Book," in which Mr. Doyle is accustomed, according to his instructions, to enter the results of his inspections, for the information of the guardians. I searched back for more than twenty years without discovering a single unfavourable report of any importance, or single recommendation for the improvement (not extension) of the building, or the benefit of the sick. No matter what the condition of the wards or the treatment of the patients, the model report of Mr. Doyle is—"Visited the workhouse this day and found it satisfactory; inquiries made in the several wards elicited no complaints, and the wards, yards, and offices are in proper order." Upon this evidence, derived from the most authentic and official sources, I felt fully justified in stating that, *with this exception*, the Walsall Workhouse had been favourably reported to the Poor Law Board for twenty years; and it is certain that Mr. Doyle must have passed by water-closets which, according to the medical officer, "are not free from smell." His inquiries failed to elicit the admitted fact that it is the practice of the inmates, young and old, sick and bedridden, to wash in buckets; or that there was not a bath of any kind, portable or otherwise, connected with the sick wards. No allusion is, in fact, to be found to any of those serious defects, many of which might have been remedied immediately, which form the body and substance of "THE LANCET Report."

It would be impossible in this letter to enter upon a full defence of my Report. Suffice it to say, that it is admitted either in the Report of Messrs. Doyle and Burton now published, or in the special Report by Dr. Burton on Space and Ventilation, forwarded to the Poor Law Board shortly before my visit to Walsall—1. That the tramp-wards were certified as "bad and insufficient twenty years ago, and that they are in the same state now, being, in the opinion of Dr. Burton, "*unfit for the reception of anybody.*" 2. That it is the practice of all the inmates to wash in buckets. 3. That there is no bath, portable or otherwise, connected with the sick-wards. 4. Dr. Burton's Report proves "that there are several wards in which the floor space will not admit of any more beds." 5. That in many wards the ventilation is either "defective, or susceptible of improvement." 6. That there is "overcrowding and want of classification," and "hand to mouth shifts to meet occasional pressure." 7. Dr. Burton reports at least one water-closet as "not free from smell;" and Mr. Doyle, so far from defending their construction, says that "the difficulty of reconstructing them is considerable." 8. It is admitted that imbeciles and epileptics are distributed amongst the sick. 9. That there are but two paid nurses for 160 patients, and no night nurse. 10. That there is a want of variety in the diet. 11. That with an average of 160 patients "there was not one receiving medicine in his own separate labelled bottle." Dr. Burton says, "I tell the nurse at the bedside what the patient is to take, by its respective name of 'fever mixture,' 'rheumatic mixture,' 'cough mixture,' 'binding pills,' 'cough pills,' &c., as the case may be, every three or four hours as may be." And this is done without a single written memorandum. Is it too much to say that such an arrangement is liable to miscarry, and that fatal mistakes might easily occur? Is it not simply impossible for two nurses, however attentive they may be, to remember, much less carry out the instructions of the medical officer with respect to the medicines for 160 patients, without they are given specially in writing?

Upon all these important points my Report is admitted to be true; and I must beg of your readers to suspend their judgment upon the rest until the publication of the whole reply.

I cannot conclude without repudiating in the strongest language the intention imputed to be by Mr. Andrew Doyle and Dr. Burton of giving undue prominence to what may be termed the sensational circumstances which, as your Commissioner, I have been compelled to notice. I appeal with confidence to this report on Walsall as an evidence that I have been studiously desirous of mentioning everything which reflects credit either on the guardians or their officers. I have stated that the bedsteads are large and good—the bedding cleanly, comfortable, and sufficient—that the walls are painted, the floors clean polished and matted down the middle—that the windows are hung with curtains, and the general aspect of the wards tidy. I have spoken highly of the Master, who has in my judgment fulfilled his duties zealously and well. I have made no complaint against the skill or attention of the Medical Officer, who is spoken of as "kindly," and, no doubt, most justly possesses the confidence of the guardians and the poor. I gave the strongest evidence in my power that the guardians are ready to carry out all reasonable improvements when fairly brought within their notice.

Nor, in selecting for publication the Report on Walsall Workhouse from many others, was I guided by a desire imputed to me of presenting the worse, for sensational effect, and holding back the better. I may call you to witness that I visited at least one workhouse in the immediate neighbourhood, compared with which that of Walsall is a palace. I found therein sick wards in which ten out of twelve of the water-closets were permanently nailed up, and the remaining two in use dependent for their supply of water on the rain which fell upon the roof. I have seen no provincial sick wards so good as Wolverhampton, nor any management superior to that of Walsall. The limited space allowed me in your densely crowded columns has prevented me from giving the more favourable details at greater length; but I have never omitted an opportunity of noticing the good, in order that, with the more effect, I might denounce the evil.

I have the honour to remain,
Yours very obediently,
J. H. STALLARD, M.B. Lond., M.R.C.P.L.,
Your Commissioner for reporting on the State of Walsall Workhouse.

P.S.—As to the accuracy of my Report on the defects of the Wolverhampton sick wards, I refer your readers to the published Report of Dr. E. Smith, in which it is stated (page 163), that twenty-five out of thirty-one sick wards have too many beds.

MEDIO-BILATERAL LITHOTOMY.

To the Editor of THE LANCET.

SIR,—In his account of lithotomy by Civiale's medio-bilateral method, Sir H. Thompson says that the mortality-results of his eleven cases are satisfactory, ages considered. Precise data would be more satisfactory to practical surgeons, and I hope therefore that Sir H. Thompson will favour us with the exact number of deaths.—Yours obediently,

Jan. 27th, 1868. CHIRURGUS.

MR. DOYLE'S ATTACK ON "THE LANCET" REPORT ON WALSALL WORKHOUSE.

WE call our readers' attention to the answer which our Commissioner gives, in another column, to the attack made on the veracity of his Report on Walsall Workhouse by Mr. Doyle, the Poor-law inspector of the district. The profession and the public will perceive that Dr. Stallard was justified in all his remarks, and that Mr. Doyle has no foundation whatever for his angry recrimination in his "privileged" reply to the Poor-law Board. And it will need a vivid sense of the mortification which Mr. Doyle must undoubtedly have suffered to make the public deal leniently with him when they know the whole facts. It is an unusual proceeding, in controversy, to omit a material portion of an adversary's words, the effect of which would be to give them a new and entirely different meaning. Yet that is what Mr. Doyle has done. Meanwhile, he offers no real defence at all to the most serious of the charges. He does not, nor can he, deny, that for twenty years no single remark or recommendation, of any importance, has ever been recorded by him in the visitors' book, in which he is legally bound to insert it for the information of the guardians. He cannot dispute the specific instances of serious defects in the management of the sick which our Commissioner's report detailed, and which are summarised in his letter of to-day.

It would be amusing, if we had time to do so, to speculate on the motives which impelled Mr. Doyle to take the violent course which he has adopted. He accuses our Commissioner of wilful falsehood, when the slightest reflection might have told him that our Commissioner was not very likely to state, nor this journal to print, any matter for which the authority could not be specifically pointed out. Our Commissioner's letter shows that every word of his criticisms was based on information supplied either by the guardians, the master, or the clerk of the Walsall Workhouse, or obtained by perusal of the official records.

But the most serio-comic part of the whole affair is, that,

just as Mr. Doyle was engaged in this high-toned defence of his conduct as inspector, a cruel blow to his pretensions was impending. This time the foe was one of his own household. We refer our readers to Dr. E. Smith's reports on the Treatment of the Sick Poor in Provincial Workhouses, which we analyse in another column, for a full, true, and particular account of Mr. Doyle's mode of inspecting and reporting on workhouses—an account not written by captious critics, but inscribed by his own pen. We recommend them to compare Mr. Doyle's reports on Birkenhead, Ruthin, and Wolverhampton workhouses with Dr. Smith's dry narrative of the actual state of those establishments; and we shall leave them to estimate, upon this unimpeachable evidence, the amount of reforming energy which Mr. Doyle is likely to have exerted during the lengthened period for which he has inspected Walsall.

Obituary.

DR. ROBERT BEITH,

DEPUTY INSPECTOR-GENERAL OF HOSPITALS AND FLEETS.

DR. BEITH entered her Majesty's naval medical service in October, 1841, and served for some years in H.M.S. *Dido*, under that distinguished officer, Admiral Sir Henry Keppel, K.C.B., during the first war in China, and in the operations against the Malay pirates in the eastern seas. During a part of this period fever and dysentery prevailed at Amoy amongst the naval and military forces employed on that station. The whole of the medical officers attached to the troops were swept away by the fatal epidemic, and Dr. Beith was landed and placed in sole medical charge of the 18th Royal Irish, and detachments of other regiments. With that prompt energy for which he was always remarkable, he at once urged the immediate embarkation of the whole of the detachments, and to this wise and prudent measure it was owing, under Providence, that the remnant of the troops were saved.

Subsequently, while serving on board the *Athol* troop-ship, he had to contend with an outbreak of small-pox amongst the troops embarked, and rendered valuable services on that occasion likewise, as medical officer in sole charge. His next appointment was to Greenwich Hospital, where he served until his promotion in 1852. Here he laid the foundation of his future fame and eminence by his assiduous culture of every branch of his profession, constantly attending not only at the large hospital to which he was attached, but also at the London hospitals, various medical societies, and other sources of professional knowledge.

After a brief period of service in the Channel Fleet, as surgeon of the *Vulture*, he was selected, on the breaking out of the Russian war, by the late Sir William Burnett, Director-General, as the first surgeon of H.M.S. *Belleisle*, then fitted out as the hospital ship of the Baltic fleet. He held this appointment during the whole of the war, and performed many of the most important capital operations of surgery with great skill and success. The highly efficient state of the *Belleisle*, as the hospital-ship of the largest fleet which ever left the shores of Britain, is the best evidence of his rare ability and administrative talent.

At the close of the war, while temporarily employed at Haslar, he was engaged in the treatment of an alarming outbreak of typhoid fever amongst the marines at Forton Barracks, and was one of a committee who traced the cause of that epidemic to its true source—namely, sewage pollution of certain wells, which the men had been in the habit of using for drinking and cooking purposes.

After having had charge of Deal and Bermuda hospitals for about two years, he was finally appointed to Plymouth Hospital, first as surgeon and medical store-keeper, on the 29th of December, 1860, and then as Deputy Inspector-General, on the 30th of August, 1861. During this, the last seven years of his active, useful, and varied career, he was the consulting and operative surgeon of this great national establishment, and in that capacity his high professional abilities were fully recognised, not only by his brother officers in the naval and military services, but by the profession at large; and he gained the unbounded confidence of the officers, seamen, and marines of the Fleet. Here he fully established his reputation as a most accomplished and successful operative surgeon; while his evidence before the Committee on the Contagious Diseases Act, and other committees, has marked him as a man of highly cultivated mind and extensive information.

By the premature death of this gifted officer it may be truly said that the naval medical service has lost a real ornament.

DR. R. HASTINGS, R.N.

WE have recently had to record several untimely deaths in the Naval Medical Service, and we have now to add to the melancholy roll the name of Dr. Robert Hastings, Staff Surgeon of H.M.S. *Castor*, drill ship for the Royal Naval Reserve at North Shields. Dr. Hastings was a native of the North of Ireland, and studied at Glasgow, where he took his degree in 1840. He entered the Navy soon afterwards, and had a large proportion of foreign service, having been employed on the West Coast of Africa, the Cape of Good Hope, East Indies, and China (two commissions), the Baltic during the Russian war, and Mediterranean. His last appointment abroad was in medical charge of H.M.S. *Lifey*. He had been in the *Castor* nearly two years when he died on the 24th of January in discharge of his duty, having contracted the fatal malady, fever, from one of his patients. Dr. Hastings was only forty-eight years of age, and leaves a widow to mourn his loss. He will be remembered with affection and regard by a wide circle of naval friends, to whom his many excellent qualities of head and heart had most justly endeared him.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on January 30th, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Bright, George Charles, M.B. Oxon., Southwick-crescent, Hyde-park.
Cavafy, John, M.B. Lond., Pembridge-gardens, Bayswater.
Cooper, Charles William, M.B. Cantab., Grenville-st., Brunswick-square.
Grabham, Michael Compert, M.D. Aberdeen, Madeira.
Silver, Alexander, M.D. Aberdeen, Gray's-inn-place.

At this meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Bushell, Stephen Wootton, Bickley.
Groves, Joseph, Carisbrook, Isle of Wight.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College on the 23rd and 24th of January:—

Andrews, George, Chipping Norton.
Aston, William Henry, Tupsley, Hereford.
Bailes, Henry Horne, Otago, New Zealand.
Barozzi da Vignola, Fernando, Regent-street.
Davies-Colley, John Neville Colley, Whitefriars, Chester.
Douglas, William, Belfast.
Gilhooley, Roderick Joseph, Dublin.
Godson, Henry, Coldhurst, Oldham.
Goldie, Robert William, Tredegar-road, Bow.
Groenhill, Arthur Francis, Barnes.
Hamilton, David, Gloucester-street, N.W.
Hanne, John James Arundell, Withdeane, Brighton.
Hensman, Charles Frederick, Kimbolton.
Hilder, Ridley Thomas, Woking.
Hird, James, Pembroke.
Hobbes, Jonathan Lord, Handsworth.
Hollis, Alfred, Yarmouth, Isle of Wight.
Hubert, William Henry, Markyate-street, Herts.
May, Bennett, Birmingham.
Mickle, William Julius, Guelph, Canada.
Moore, Joseph Henry, Scarborough.
Mowll, Richard Alfred, Liverpool.
Patton, Edward Henry, Montreal.
Pavey, James, Nailsworth.
Pindor, William Parker, Retford.
Pollock, Robert, Paisley.
Pywell, William Hodgson, Westminster-bridge-road.
Rhodes, Charles James, Pontefract.
Samuel, Richard, Llanelly.
Smith, Eldred Noble, Hertford.
Steven, Alexander, Port Glasgow.
Ward, Joseph William, Birmingham.
Wimberley, Frederick William, Donnington.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 23rd:—

Heaps, John, Otley, near Leeds, Yorkshire.
Orfeur, Charles Howard, Norwich.
Williams, Essex Thomas, Penberry St. Davids.

The following gentleman also on the same day passed his first examination:—

Frederick Robertson, Guy's Hospital.

At the Preliminary Examination in Arts, held at the Hall on the 24th and 25th January, 35 candidates presented themselves; of whom 17 were rejected, and the following 18 passed, and received certificates of Proficiency in General Education:—

Philip Addiss, A. C. Dalgliesh, A. R. Daniels, Alfred Foster, Penn Furnivall, John Garrett, W. A. Gregono, W. C. F. Hawthorne, G. E. C. Jackson, F. C. Mackenzie, William Moynan, Donald Murdock, T. H. Palmer, H. K. W. Russen, J. B. Skeete, Frederick Tyrrell, Gilbert Wilkins, R. H. Williams.

APOTHECARIES' HALL OF IRELAND.—The following gentlemen passed the preliminary examination in Arts on the 17th inst.:—

James Francis Headley, Philip Lambert Benson, Geoffrey James Bourke, John Monteith Warren, John Winn, Malby Daniel Crofton, Hoxan Farmer Murphy, James Ronaldson.

ST. MARY'S HOSPITAL.—On Wednesday evening an Amateur Dramatic entertainment, followed by a ball, got up entirely by the resident medical officers and some of the senior students, was given at the Hanover-square Rooms, in aid of the funds of the hospital. The performance consisted of the farce of "Turn him out," and Mr. Byron's burlesque of "Aladdin, or the Wonderful Scamp," both of which were admirably acted by Messrs. Milner Morse, Field, E. N. Smith, Lewin, Wood, Hill, De La Ferte, Owen, Wright, Atkinson, Beard, &c., Messrs. Moore and Field being the acting managers. The songs and dances in the burlesque, which were executed with great spirit, were enthusiastically applauded by the crowded audience, and several of them were encored. Mr. Moore's acting and get up as the widow Twankay was especially successful, while Mr. Noble Smith made a most charming Princess Badroulbadour, and Mr. Lewin seemed thoroughly at home in the part of Aladdin. Mr. Field's Abanazar also was deserving of honourable mention. An appropriate address, written by Mr. R. Reece, was read by the author. Both the performance and the ball were numerously attended, between 500 and 600 tickets having been sold. The proceeds will, it is expected, be nearly £200.

MEDICINES, THEIR DOSES AND ACTIONS.—A debate will be opened on Thursday next, at eight P.M., at the Harveian Society's Rooms, "On the Doses and Actions of Medicine," by Dr. Fuller, of St. George's Hospital. Some well-known physicians who have made a special study of therapeutics will take part in the debate, at the close of which a committee will be appointed for the purpose of investigation, and for collecting the experience and opinions of numerous able men at home and abroad. The attendance of visitors is invited.

A FEW weeks ago, a fine and full-sized portrait of the late Dr. Joseph Poultier Mackesy was placed in the Town Hall Rooms of Waterford. The portrait, drawn by Mr. Catterson Smith, was subscribed for by persons of all classes and creeds, and presented to the Town Council. The mayor, Sir Benjamin Morris, D.L., presided on the occasion, and amid expressions of regard and honour of which the profession may well be proud, the portrait was received and uncovered. The intense respect in which Dr. Mackesy was held by rich and poor is another illustration of the fact that, in a provincial as in a metropolitan sphere, general and professional culture, added to personal kindness and humanity, are the most irresistible claims to professional and public respectability.

HEALTH OF LONDON.—The deaths registered in London last week (1395) were fewer in number than in any week since November 9th, and less by 200 than were returned in the week ending January 18th. This saving of life was confined to very young and very old ages, there being little variation as regards intermediate ages. The annual rate of mortality for the whole of London last week was 23 per 1000; in the western group of districts the rate was 22, in the northern and southern 23, in the central and eastern 25 per 1000. In each group there was a reduction in the rate of the previous week to a greater extent in the west, north, and central districts than in the others. Typhus caused 31 deaths, against 50 registered the week before; the mortality from this disease was at the annual rate, per 10,000 inhabitants, of 10 in the eastern, 5 in the southern, 4 in the central, 4 in the western, and 2 in the northern districts. The total deaths from zymotic diseases were 249, the average (corrected for increase of population) being 348. Small-pox caused 21 deaths, measles 42, scarlatina 22, and whooping-cough 52. Seven infants died of suffocation, and 5 others are returned under the category of "murder and manslaughter."

MEDICAL VACANCIES.

Belgrave Hospital for Children—Physician.
Bristol General Hospital—Assistant House-Surgeon.
Islington and North London Provident Dispensary—Surgeon.
Jersey Lunatic Asylum—Medical Superintendent.
Northampton Lunatic Asylum—Assistant Medical Officer.

MEDICAL APPOINTMENTS.

R. BARNES, M.D., has been appointed Consulting Physician to the Children's Hospital for the East of London.
A. BELL, L.R.C.P.Ed., has been appointed Surgeon to the Hospital for Diseases of the Skin, Newcastle-upon-Tyne.
J. PYMAR BILLING, L.F.P. & S. Glas., L.S.A., &c., has been appointed Medical Officer to the Hailsham Workhouse and to the Hellingly District of the Hailsham Union, vice J. Fletcher, M.R.C.S.E., deceased.
S. W. BUSHELL, B.Sc., M.D., has been appointed Physician to her British Majesty's Legation in China.
G. COWELL, M.R.C.S.E., has been appointed Ophthalmic Surgeon to the Children's Hospital for the East of London.
R. F. DILL, M.D., has been appointed Professor of Midwifery to Queen's College, Belfast, vice W. Burden, M.D., resigned.
H. J. ELLERY, M.D., has been appointed Medical Officer and Public Vaccinator for the Kilmington District of the Axminster Union, vice P. C. Hayman, M.R.C.S.E., resigned.
F. R. FAIRBANK, M.D., L.R.C.P., has been appointed Medical Officer of Health for Lynton and Lynmouth, North Devon.
Dr. S. B. FARR has been appointed Certifying Surgeon under the provisions of the Factory Acts for Hemel Hempstead and neighbourhood.
D. FIDDES, M.D., has been appointed Medical Inspector for Aberdeen under the provisions of the Merchant Shipping Act of 1867.
E. FLEMING, M.D., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon under the provisions of the Factory Acts for the District of Stranraer.
N. HECKFORD, M.R.C.S.E., has been appointed Resident Medical Superintendent of the Children's Hospital for the East of London.
W. B. HOLDERNESS, M.R.C.S.E., has been appointed House-Surgeon to St. George's Hospital.
J. W. IRVINE, L.R.C.S.Ed., has been appointed Senior Medical Officer to the West Derby Union Workhouse, vice J. J. Flinn, L.R.C.P.Ed., resigned.
W. J. KITE, M.R.C.S.E., has been appointed Public Vaccinator for District No. 3 of the West Bromwich Union.
W. MURRAY, M.D., has been appointed Consulting Physician to the Hospital for Diseases of the Skin, Newcastle-upon-Tyne.
G. MYLES, L.R.C.P.Ed., has been appointed one of the Visiting Physicians to the Limerick Lying-in Hospital.
J. R. POPE, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Pinner District of the Hendon Union, Middlesex, vice H. E. C. Kelly, M.D., deceased.
W. B. RAINEY, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Hogsthorpe District of the Spilsby Union, vice J. Johnson, L.R.C.P Ed., deceased.
T. SAMSONS, M.R.C.S.E., has been appointed Public Vaccinator for District No. 1 of the West Bromwich Union.
R. SHILLITOE, F.R.C.S.E., has been appointed Consulting Surgeon to the Children's Hospital for the East of London.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

S. CURRIE, M.D., C.B., Deputy Inspector-General of Hospitals, has been promoted to the temporary rank of Inspector-General of Hospitals, while employed as Principal Medical Officer of the Abyssinian Expeditionary Force.
A. IRWIN, L.R.C.S.I., Surgeon R.N., has been appointed to the "Fisgard" (additional).
J. A. MACDONALD, M.D., Assist.-Surgeon R.N., has been appointed to the "Medusa."
L. J. MONTEITH, M.R.C.S.E., Surgeon R.N., has been appointed to the "Castor."
E. MOORHEAD, M.D., Staff Surgeon-Major Army, has been promoted to the honorary rank of Deputy Inspector-General upon retiring on half-pay.

Births, Marriages, and Deaths.

BIRTHS.

On the 8th ult., at Barking-road, the wife of Dr. Knowles, of a son.
On the 23rd ult., at the Shrubbery, Axminster, Devon, the wife of H. J. Ellery, M.D., of a daughter.
On the 23rd ult., at Talywain, Monmouthshire, the wife of A. Robt. Verity, M.R.C.S.E., of a son.
On the 23rd ult., at Stephenson-terrace, Preston, the wife of Andrew Marshall, M.D., of a son.
On the 26th ult., at Bryanstone-street, the wife of Dr. E. Pick, of a son.

MARRIAGES.

On the 9th ult., at Trinity Church, Newington, John Tanser, M.D., of Alfred House, Newington Causeway, to Esther, daughter of the late James Seagrave, Esq., New Kent-road.—No Cards.
On the 28th ult., at Christ Church, Cork, H. Slorach, M.D., Surgeon 87th South Cork Light Infantry, to Eliza Caroline, daughter of J. R. Corcor, Esq.

DEATHS.

On the 24th ult., at Abbots Bromley, Elizabeth, relict of Charles Chesolden Higgins, Surgeon, aged 87.
On the 24th ult., John Davy, M.D., of Lesketh How, Ambleside, Westmoreland (brother of the late Sir Humphry Davy, Bart.)
On the 26th ult., Henry Watts, M.D., of Eastbourne, aged 43.
On the 26th ult., James Rhodes, M.R.C.S.E., of Pontefract, aged 48.

ABSOLON *VERSUS* STATHAM.

THE following subscriptions have been received since last week's issue:—

Anonymous	£5	5	0	J. Maurice, Esq....	£0	10	6
Dr. Baümler...	0	10	6	R. Meires, Esq., Truro ...	0	10	6
Dr. Camps	2	2	0	Robert Risdon, Esq.... ...	1	1	0
G. Frost, Esq., Manchester	1	1	0	W. B. Tuck, Esq., Truro ...	1	1	0
G. Gregson, Esq....	1	1	0	G. Wearn, Esq.	1	1	0
J. W. Lloyd, Esq.	1	1	0				

Amount already received £258

Mr. Statham's expenses, between £800 and £700

The subscription-list will be closed on February 20th. Gentlemen who have promised, or who intend to assist, are therefore requested to send their contributions on or before that date to Edwin Saunders, Esq., Honorary Treasurer, 13 A, George-street, Hanover-square, London, W.; or Dr. Cholmeley, Honorary Secretary, 40, Russell-square, London, W.C.

Medical Diary of the Week.

Monday, Feb. 3.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. W. Oliver Chalk, "On Cases of Necrosis and Caries of the Lower Jaw;" with Preparations by Mr. C. Vidler.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Barrant, Health Officer, Port Louis: "Mauritius, its Medical Topography, and an Account of the Fever of 1867." — Dr. Henry Rogers, Senior Assistant-Surgeon, Civil Hospital, Port Louis: "Notes on the Epidemic of Malarial Fever in Mauritius in 1866-67." — Inspector-General Lawson: "Further Observations on the Influence of Pandemic Waves in the Production of Fever and Cholera." Presentation of large Map to the Society, illustrating Inspector-General Lawson's views.

Tuesday, Feb. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Tyler Smith, "On two Cases of Inversion of the Uterus, with Remarks."—Dr. Playfair, "On Cardiac Apnœa after Delivery." — Dr. Copeman, of Norwich: "Cases exemplifying some of the Difficulties encountered in determining the existence of Pregnancy."

Thursday, Feb. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."
HARVEIAN SOCIETY OF LONDON.—8 P.M.

Friday, Feb. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.
ROYAL INSTITUTION.—3 P.M. Prof. Huxley, "On the Animals most intermediate between Birds and Reptiles."

Saturday, Feb. 8.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Roscoe, "On the Non-Metallic Elements."

To Correspondents.

POOR-LAW MEDICAL RELIEF.

AN inquest was held last week at Penrith, which shows in a strong light the present unsatisfactory state of Poor-law relief in some important points. A poor woman who had miscarried some few weeks before, and had remained in a low condition since, was staying at a lodging-house at Penrith with her husband. She was taken ill, and an emetic having been administered to her at her own request, followed by carbonate of soda, she suddenly fell back and expired. This was about one o'clock A.M. The following is from the evidence of the landlady of the lodging-house:—"Dr. Wickham was sent for, but he was not at home. Mr. Newton, relieving officer, was also sent for, but he was out. Dr. Pearson, the union medical officer, was sent for, but he refused to come without an order from the relieving officer. Dr. Jackson's house was next visited, and he was not at home. Dr. Pearson was again called upon, and some one said they would pay him, but when he arrived the poor woman was dead." The husband, in his evidence, said:—"Dr. Pearson came about two o'clock. He said they had no business to disturb him; she was not in the books of the union, nor had they made any application to the relieving officer." In his address to the jury, the Coroner said:—"The only question for the jury to consider was whether the union officers had done their duty. He took it for granted that when any person was living in a union without the means of obtaining medical attendance, it was the duty of the relieving officer to furnish an order upon the medical officer of the union, and then it was the duty of that officer to go and give as much attention to that patient as he would to one of his wealthiest patients. From the evidence it would appear that Mr. Newton, the relieving officer, left no one in his house, and no answer had been received to the knocking at the door, where his servant was sleeping. With regard to Dr. Pearson, he could not take upon himself to say that in point of law he had been guilty of any neglect in not going to see this woman when first called upon; but he was told that the woman was either dead or dying; he was told that they had been to Mr. Newton to get an order, and he was from home; but it was only after exhibiting considerable want of feeling that he was at last prevailed upon to go, and then he found the woman dead. Of course they could not tell whether her life might have been saved with prompt attention, or whether she might have died whilst the doctor was being sent for. That lessened the responsibility of those whose conduct might have been questioned in this case. But whatever might be the verdict of the jury, he hoped it would be a warning to Mr. Newton and Dr. Pearson, and all other union overseers and medical officers, and they would make their arrangements in such a way that a case of that kind would not occur again. It was their duty to attend to all the cases required of them at a moment's warning; and with regard to the medical officers, he thought when a medical man was told that a person was so severely ill, and at the point of death, common humanity should suggest that he should go at once. He thought that in cases of this kind they should be as ready to attend them as they would be to attend the most noble in the land. In conclusion, the Coroner said it would be for the jury to say whether the woman died from natural causes or not, and then to say whether any blame attached to the two officials whose conduct had been brought before them." The jury then retired, and after a short absence returned with a verdict that deceased died from natural causes. The foreman added that the jury suggested a recommendation to the board of guardians to make suitable provision in all cases of emergency like this. Whilst agreeing in the main with the remarks of the Coroner, it must not be forgotten that the law itself is faulty in respect to the orders for medical attendance on casual paupers. Moreover, the guardians in most unions act in a niggardly spirit to their medical officers, who, however, are visited with condign punishment on the slightest dereliction of duty. It is a disgrace to a civilised country that such cases should occur; but it is unjust to place all the responsibility on individuals when the system is so culpable.

Doubtful.—The titles have no meaning to indicate that the person is a duly qualified medical practitioner. He is not on the Register, and none of the "qualifications" paraded with so much pomp would entitle him to be registered.

S. W.—Apply to Mr. Cooper, Chemist, 18, Abingdon-terrace, Kensington.

TAPEWORM IN BIRDS.

To the Editor of THE LANCET.

SIR,—I have been somewhat surprised by Mr. Lawson Tait's letter on Mr. Gentles' case of tapeworm in a sparrow, which appeared in your impression of last week.

Without laying claim to any special knowledge in the entozoa peculiar to dogs or birds, I had at least supposed the progress of the cestoid (whether in man, beast, or bird) from the ovum to mature tapeworm to be an acknowledged scientific fact beyond question. I had supposed that the ovum of any given cestoid, when eaten, produced its own peculiar hydatid in the eater, and that the hydatid so produced required to enter the intestinal canal of another organism to become a mature tapeworm. Now Mr. Tait, in his letter to you, boldly suggests a bird's getting a tapeworm by swallowing ova or a pregnant proglottis, thus throwing a doubt on the results of modern research, and carrying us back to the time when neither the hydatid nor the tænia were at all understood.

If Mr. Tait has any experiments wherewith to back his theory, he would do well to publish them. Few would read them with greater interest than,

Your obedient servant,

January, 1868. PEDICULUS.

A Subscriber to the British Home for Incurables.—The case of Dr. William Bury Hender is not only deserving of the consideration of our correspondent, but of that of the profession generally. This gentleman, after having been in practice for several years, is now, in his sixty-first year, afflicted with paralysis and asthma. He is consequently quite incapable of supporting his wife and four young children. In his affliction he has become a candidate for the annuity of £20 from the funds of the British Home for Incurables, Clapham-rise. Proxies in his favour will be very thankfully received by J. A. Tapson, Esq., Surgeon, 83, High-street, Clapham.

X. Y.—The stuffings named are the best for amateur use. Roberts' "Os Artificial," an American preparation, to be obtained of Butterford, 11, Poland-street, Oxford-street, is also good, as it does not change colour.

R. O. W. shall receive a private note if he will send his address.

CARBOLIC ACID IN THE TREATMENT OF SCALDS OR BURNS.

To the Editor of THE LANCET.

SIR,—As carbolic acid in surgery is justly occupying the attention of the profession at the present time, it may be interesting to some of your readers to know that I have recently used it with marked benefit in cases of severe scalding. The way in which I apply it is as follows:—

1st. To thirty parts of the ordinary oil and lime-water add one of the acid, and mix.

2nd. Saturate linen rags in the carbolic emulsion, and spread them on the scalded parts.

3rd. Keep the rags moist by smearing them over frequently with a feather dipped in the emulsion.

4th. Cover the application with oiled-silk or gutta-percha tissue.

The advantages of this mode of treatment are twofold, as was well exemplified in two cases I have just brought to a favourable termination, one of which was of a most serious nature, involving the face, neck, and chest of a child two years of age.

1st. It excludes or destroys the noxious elements of air, and in this way will diminish shock by removing the cause of local irritation.

2nd. The sores are allowed to heal rapidly by a natural restorative action, without the formation of pus, consequently preventing a most frequent secondary cause of death in burns—namely, purulent infiltration of the lungs or other internal vital organs, and also in a great measure preserving the personal appearance of the patient—a matter of no small importance to some people.

CASE 1.—MRS. M——, aged forty, on the 20th November last got her fore-arm severely scalded with hot tea. The ordinary oil and lime-water was applied at the time by herself, and continued for two or three days, when she got alarmed by the arm becoming much swollen and very painful, and sent for me to see it. I gave her full directions how to apply the carbolic acid treatment, which she attended to strictly, and to her great astonishment the arm was well in less than a week.

CASE 2.—C. E——, aged two years, the daughter of a farmer, on the 23rd of December last slipped from a stool on which she was standing, and, in attempting to prevent a fall, pulled a pailful of boiling hot water off the table on to her face and bosom. The epidermis of the breast and shoulders came off for the most part with the clothes, and that of the face and neck was raised in blebs. On first seeing the case about half an hour after the accident occurred, it seemed from the extensive injury and extreme state of shock, amounting almost to coma, that the case was a hopeless one. The antiseptic treatment was at once applied, and in four hours afterwards the child was quite conscious and cheerful. From this time she steadily improved up to the 27th, when she suddenly got very weak, and was said to have had a slight rigor, doubtless caused by the temperature of the room being allowed to get low, and also by being put on low diet. Ordered one teaspoonful of brandy in water every four hours, and raw eggs in milk. On this regimen she rapidly improved, and at the present date she is running about almost as well and pretty as she was previous to the accident. All the medicine administered in this case was four grains of mercury with chalk and one of rhubarb powder on the third day.

I may add that I have had most encouraging results from the carbolic acid treatment in wounds and abscesses, applied in the manner described by Professor Lister, of Glasgow.

Your obedient servant,
Velpeau Villa, Castle Eden, Jan. 14th, 1868. ALLAN WILSON, M.D.

Ventriloquus.—1. Very few of the fowls sold in the London market are bred or fed in London. The absurd "idea" of their deriving nutriment from the cast-off poultices from the hospitals can only be entertained by one class of persons, whom it is scarcely necessary to indicate more clearly.—2. The other "ideas" mentioned have no better foundation in fact.

FIRE AND LIFE.

IN the article thus headed, which appeared in last week's LANCET, and was copied into *The Times*, the city of Paris was described, by a misprint, as being provided with "12,000" or "14,000" firemen, instead of 1200 or 1400. Fortunately the context rendered it evident that a cypher had been accidentally introduced.

IF *G. J. P. C.* have any doubt on the subject after reading the following regulation of the College (paragraph II., sec. 3), he had better apply to the Secretary:—

"Graduates in Medicine of any legally constituted College or University recognised for this purpose by this College, will be admitted to examination on adducing, together with their diploma or degree, proof of being twenty-one years of age, a certificate of instruction and proficiency in the practice of vaccination, and satisfactory evidence of having been occupied, subsequently to the date of passing the preliminary examination, at least four entire years in the acquirement of professional knowledge."

J. B., (Callan, county Kilkenny.)—Patent medicines of all kinds should be avoided. They generally do more harm than good. Consult a respectable medical practitioner.

Cellula.—The letter of our correspondent shall receive attention. It arrived too late for insertion this week.

A Student, (Belfast.)—There is no practitioner of the name in England.

THE NEW VACCINATION ACT.

THE following questions have been addressed to us by *Mr. J. H. Barnes*, of Liverpool:—

"1. Does the Vaccination Act render compulsory the payment of fees for vaccinations performed in workhouses, where that duty has hitherto been performed as one of many included in the medical officer's stipend?

"2. Does the Act leave it open for vaccination in workhouses to be performed by persons not 'qualified vaccinators,' and irrespective of any vaccination contract?"

Our answer to these questions is, that section 6 of the Vaccination Act directs that for every case of successful primary vaccination performed in a workhouse there shall be paid a fee of 1*s.* 6*d.*; that section 10 directs that no payment in respect of vaccination shall be made out of the common fund of any union, or out of the poor-rate of any parish, or out of any other public or parochial fund, where the Poor-law Board shall not have approved of a contract for the performance thereof, or after they shall have determined any such contract. It will thus be seen that no person can be paid out of public money for vaccination unless he holds a contract approved by the Poor-law Board. And the Poor-law Board cannot approve of a contract with a medical practitioner unless he possesses the qualifications required by the Privy Council; for section 4 of the Act directs that no person shall be appointed a public vaccinator, or act as deputy for a public vaccinator, who shall not possess the qualifications hitherto prescribed by the Lords of her Majesty's Council, or such as shall be from time to time hereafter prescribed by them, except when such Lords shall, upon sufficient cause, sanction any departure from their directions. In cases where a medical practitioner shall be appointed medical officer of a workhouse, and does not possess the qualifications required by the Act, and is consequently without a contract, or where the medical officer, though fully qualified to be a public vaccinator, yet does not hold a contract for public vaccination, our opinion is that the guardians are not only not compelled to pay the fees prescribed by the Act, but they are positively directed not to pay the fees; for section 10 (referred to above) goes on to say that "every payment made contrary hereto shall be disallowed by the auditor in the accounts of every board of guardians, or of the overseers, or of any officer who shall have made the same."

W. H. B.—A licentiate in Midwifery of the Royal College of Surgeons of England can register.

Mr. James Brennan should consult his medical attendant.

LUNATIC PATIENTS.

To the Editor of THE LANCET.

SIR,—An apology with my name appended having appeared in your advertising columns on Saturday last, I shall esteem it a favour if you will find space for the following statement of the facts which led to the apology being made. Not merely on personal grounds do I ask this, but because it may serve to put some of my professional brethren on their guard, and show them the dangerous ground on which they tread if they receive a patient whose mental calibre is somewhat decidedly below the average, although they may believe, and others (usually admitted to be peculiarly well fitted to form an opinion on mental cases) may endorse their belief, that the patient is not lunatic.

In May, 1866, Dr. Williams, of Cheltenham (many years Superintendent of the Gloucestershire Lunatic Asylum) called upon me and asked if I would receive a lady as a resident patient. I questioned him minutely as to the nature of the case, and he assured me that in his opinion I might receive her with perfect propriety. It was arranged that she should come to Malvern, and I should have an interview with her. I saw her, formed the same opinion of her case as Dr. Williams, and so admitted her into my house. In November, 1867, two Commissioners in Lunacy called, and in my absence saw the lady; they pronounced her to be "incoherent." Afterwards Dr. Sankey, a "temporary Commissioner," called, and saw her in my absence. I then thought it right to seek another and an independent opinion, and Dr. Williams, of Worcester, the Visiting Physician to the Droitwich Asylum, saw her, and declared her not a lunatic. The case then stood thus: Dr. Williams and Dr. Colledge, of Cheltenham, declared she was not lunatic when she came to me, and Dr. Williams, of Worcester, that she was not so within a short period subsequent to the visits of the Commissioners. Copies of their written certificates, together with my statement of the case, were forwarded to the Commissioners, and they replied, offering me the choice between a public apology and a prosecution. After much consideration, and most unwillingly, I elected to apologise, not as fearing an adverse verdict, nor much influenced by the harass and expense which must attend a trial, but feeling that I was acting in the manner most conducive to the interests of my patient, and also that thus only could her parents be spared the pain of having their daughter's state made the subject of investigation before a public tribunal.

I am, Sir, yours obediently,
The Lynches, Malvern, January, 1868. J. A. COOKESEY.

E. J., (Leeds.)—We agree in the main with our correspondent. Mr. F. should, we think, have answered the first summons, and insisted upon the retirement of the irregular practitioner. We shall probably recur to this subject next week.

Trochanter Major.—His name is not on the Register.

THE DISTRESS IN THE EAST-END OF LONDON.

M.D. wishes to know if any medical man will labour gratuitously for a few hours every Sunday afternoon amongst the destitute poor of the East-end of London? The benefits to be conferred are very great. We shall be glad to forward any names to our correspondent.

Sir Ranald Martin's fifth paper, "On the Sanitary History of the British Army in India, Past and Present," will appear next week.

G. A. G. shall receive a private note.

Non-Medicus.—Any hospital surgeon could treat the case with success.

THE PASS-LISTS OF THE COLLEGE OF SURGEONS.

A CORRESPONDENT states that in the *Daily Telegraph* of Jan. 22nd was given what purported to be a list of those gentlemen who passed their examination and obtained the diploma of the College on the preceding day; but from that list two names were omitted. Now it will be seen at a glance that this is a very serious matter for the two gentlemen in question; for of course those persons who knew that they had been up for their examination could only draw one conclusion when the list of the *successful* candidates appeared, minus the two names alluded to. We know not where the blame of this omission rests; but we think it is the duty of the Council to institute a searching investigation into the matter.

Mr. H. Potter.—Apply to Mr. Wellspring, 3, Chandos-street, Covent-garden.

PEROXIDE OF HYDROGEN IN DIABETES.

To the Editor of THE LANCET.

SIR,—While in charge of the patients at St. Bartholomew's Hospital, Chatham, about a year ago, I had a case of diabetes which I treated in exactly the same way as Dr. Day—viz., with the peroxide of hydrogen, for the same reason, to carry off the sugar by oxidation, and with the same results—namely, temporary diminution in the quantity of urine, with scarcely any variation in the specific gravity. The same results were obtained with permanganate of potash and sulphuric acid. Turpentine also is said to produce like effects.

Dr. Richardson, who was the first to introduce peroxide of hydrogen into use in England, and apply it as a remedy in diabetes, told me that in one case where the patient was passing, I think, sixteen pints of urine daily, the quantity was in a short time reduced to about three pints; but in this, as in nearly every other case, the specific gravity remained the same. He now appears to doubt the propriety of reducing the quantity passed, as in one or two instances death took place very suddenly. Dr. Richardson says that the peroxide of hydrogen is extremely useful in the last stage of phthisis, in mitral valvular disease, and whooping-cough. I have employed it in four cases of typhoid fever, and I thought at the time with benefit.

These few remarks I trust will help to corroborate Dr. Day's observations, while at the same time they will show that the peroxide of hydrogen is worthy of a more extended trial.—Your obedient servant,

F. P. ATKINSON, M.B., M.C., &c.

Bessborough-gardens, Vauxhall-road, Jan. 1868.

WE have been compelled to postpone till next week insertion of the notice of the Poor-law inquiry at the Walton Workhouse, and the report of the "Sick Club meeting" at Birmingham held on Wednesday evening.

Mr. W. Sheppard, (Ashford.)—Thanks.

CHILBLAINS.

To the Editor of THE LANCET.

SIR,—"A Junior Practitioner" asks what is the predisposing cause of chilblains? I would answer that chilblains are essentially blains produced by a chill, the predisposing cause in every case being a languid circulation. The exciting cause is sudden or premature restoration of heat to a part which has had its vital action diminished by cold. This reaction may be spontaneous, or produced by artificial heat or stimulants. Chilblains usually occur on the extremities, where the heart's power is weakest, and in people who suffer from cold hands and feet. First, the capillary vessels are narrowed, and the blood flows through them quickly. Second, the capillary vessels become dilated, and the blood passes slowly and evenly through them, and the other stages of inflammation rapidly follow.

In the first stage there is usually more or less swelling, redness, and pain or itching, and I find a slight application of solid nitrate of silver sufficient to effect a cure.

In the second stage, serum is effused under the cuticle like a blister; and in the third, the cuticle breaks, and ulceration or even sloughing of the skin may follow. In these stages water-dressing and stimulating ointments, especially the red oxide of mercury, are the best dressings.

To avoid chilblains, tight boots and gloves must be abandoned as impeding the circulation. Cloth gloves and woollen socks should be worn in cold weather, and the heart should be assisted by tonics, good nourishing diet, and stimulants—in fact, everything should be done to keep the extremities at an equable temperature. Your obedient servant,

Harewood-square, Jan. 27th, 1868. PERCY BOULTON, M.D.

Mr. Barnes, (Liverpool.)—The case of "Excision of, and Amputation at, the Hip-joint" shall be published in our next impression.

Mr. Clayton.—It is of no importance.

J. B., (Coventry.)—1. Yes.—2. A registered medical practitioner. The advertising quacks should be scrupulously avoided.

Non Nobis may forward the paper, when a reply shall be given.

ARREST OF DEVELOPMENT.

To the Editor of THE LANCET.

SIR,—Should you consider the following case worthy of being recorded in your journal, I shall feel obliged by your inserting it.

On Friday evening, the 22nd November last, a stout, healthy, unmarried woman, aged twenty-seven, an inmate of Preston Workhouse, commenced to be in labour of her second child. The labour was natural, but tedious, and I delivered her with the forceps on Sunday at noon. The child, a female, appeared full grown, was well developed, and had an abundance of black hair on the head. The right arm from the lower portion of the humerus was deficient, and both lower extremities were entirely wanting. The anus and genital organs were normal, and the parts on both sides were perfectly symmetrical. I could feel on both sides the cavity of the acetabulum, but there was not the slightest rudiment of a femur.

I attended the same woman in the workhouse about two years since, when she was delivered of a fine healthy son. Both children were by the same father.

She states that about seven months since she was very much frightened by an engine passing suddenly very close to her on the railway. The child is quite well, and has every appearance of being likely to live.

Your obedient servant,

Preston, December, 1867. BERNARD HALDEN.

SMOKE CONSUMPTION IN THE BLACK COUNTRY.

A NEW grate has been invented by Messrs. Harper and Tildesley, brickmakers and lock and hardware manufacturers, of Willenhall, Staffordshire, which is likely to prove a cure for the smoke nuisance, even of the Black Country. We profoundly hope that this prospect will be realised. It would add greatly not only to health, but to the pleasure of life in many of the largest towns in England.

N. W. A.—There is no lunatic asylum at Woking. There is an asylum near Tooting and one at Brookwood, Surrey.

Staff Surgeon Martin is thanked.

A Constant Reader (Glasgow) should make application to the Secretary of the College.

ANTISCORBUTIC "MENU."

To the Editor of THE LANCET.

SIR,—Under the above heading you have enumerated the "bill of fare" of which "several gentlemen connected with the Marine Department of the Board of Trade" partook, and "pronounced to be remarkably good." Will the aforesaid gentlemen, whoever they may be, take the trouble to inquire into the "bill of fare" on board the *Henry Adelaide*, just arrived in London from Kurrachee? I have five of the crew under my care, suffering very severely from scurvy; two dangerously ill at this moment.

It does appear to me a farce and a mockery that day after day strong young men are stricken down, become helpless as infants, and their physical condition permanently injured, whilst we have laws to prevent it.

I quite agree with you that to permit the "local authorities" to interpret Acts of Parliament according to their own state of intelligence, is to nullify or pervert the intentions of the Legislature.

I am, Sir, your obedient servant,

J. B. BUDGETT, M.D., &c.

King's-place, Commercial-road, E., Jan. 29th, 1868.

CORRIGENDA.—In consequence of delay in the return of the author's proof, the following errors escaped correction in Mr. James's article on Fibrous Tumours, published in our last number, namely:—In the last line of second paragraph, *for* "surface," read *substance*; page 123, second col., line 24, for "envelope," read *character*. And the sentence immediately following should run thus: "Internally, there were many cysts also fibro-membranous." Also the last paragraph but one in the article requires the addition of the words "would strongly support this," to complete it.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Ranald Martin; Mr. Savory; Surgeon-Major Wyatt; Mr. Berkeley Hill; Dr. Eastlake; Dr. Dickson; Mr. Fowle; Dr. Marcet; Dr. Tidy, Hackney; Dr. Mason, Sheffield; Mr. Crofts; Mr. Blair, Lutterworth; Mr. Burgess; Dr. Wright, Walkingham; Mr. Walshaw; Mr. Robertson; Dr. Barrett, Liverpool; Dr. Fairbank, Lynton; Mr. Granger; Mr. Hann, Sherborne; Dr. Cooke, Scarborough; Dr. Myles, Limerick; Dr. Gibbon; Dr. Battershall Gill; Mr. H. Potter; Mr. Wharton; Mr. Bowkerby; Dr. Badgett; Dr. Donovan, Kilfinane; Dr. March, Rochdale; Dr. Saunders; Mr. Hosking; Mr. Horne; Mr. Clayton, Oxbaldtwistle; Dr. Lilburne, Sheerness; Messrs. Letts & Co.; Mr. Christian; Mr. Spencer; Dr. Dudfield; Mr. R. C. St. John, Boston, U.S.; Dr. Knowles; Mr. Maunder; Dr. Turnbull; Mr. Challener; Mr. Vaillant; Dr. Smith; Dr. Beaman, Upholland; Mr. Bryan; Mr. Latham; Mr. Duke; Mr. Higgins, Abbots Bromley; Dr. Fleming, Stranraer; Dr. Henderson; Vice-Admiral Fraser, Portobello; Mr. J. J. Martin, R.N.; Mr. Sheppard; Dr. White, Queenstown; Dr. Murray; Mr. Little; Mr. Purves; Dr. Tanner, Newington; Mr. J. Brennan, Donneraggin; Dr. Hughes, Wymondham; Dr. Ellery, Ridgeway; Dr. Andrews; Mr. W. B. Holdernese; Mr. Power; Mr. Owen; Mr. Smith, Gorton; Mr. Philp; Dr. Bushell; Mr. Pritchard; Dr. Sisson; Mr. Reeve; Mr. J. V. van Praagh; Mr. Lowndes; Dr. Maturin, Fawley; Mr. North; Mr. Venables; Dr. Wilson, Sandycove; Mr. Cheshire; Mr. Crampton; Mr. A. Ransome; Mr. Wrigley, Bury; Dr. Percy Boulton; Dr. Chaplin, Jerusalem; Dr. Trestrail; Mr. Edwards, Rochford; Mr. Allen; Mr. Hatherly; Dr. Cooksey; Mr. Verity, Talywain; Mr. Stallard, Liverpool; Dr. Goddard Rodgers; Mr. E. Marshall; Mr. M'Conaghy; Mr. Helpdale; Mr. J. Dixon; Dr. Mackay, Rosedale Abbey; Mr. Webb; J. B. P., Wexford; G. J. P. C.; A Student, Belfast; S. W.; Trochanter Major; C. L.; Medicus; A Constant Reader; Pediculus; X. Y. Z.; Ventriloquens; J. B., Coventry; R. S.; Enquirer; Non Nobis; R. O. W.; Observer; Junius Medicus; D.; The Secretary of the Lock Hospital; Doubtful; The Secretary of the Poor-law Board; G. A. G.; R. N.; Your Constant Reader; Non-Medicus; &c.

THE *Birmingham Daily Gazette*, the *Liverpool Mercury*, the *Sheffield Daily Telegraph*, the *Gleaner* (Jamaica), the *Carlisle Journal*, the *York Star*, the *Preston Herald*, the *Manchester Guardian*, the *Preston Guardian*, *Zion's Herald* (Boston, U.S.), and the *Birmingham Daily Post* have been received.

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